

# **Mississippi Department of Mental Health Manual of Uniform Data Standards**

2016 Revision  
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## Revisions and Updates

### Revisions prior to initial release:

- |          |  |
|----------|--|
| 01/28/93 | Add "Data submissions" section<br>Add CLIENTS.RCD_TRANS field to core data set, renumber fields<br>Revise "Data crosswalks" to add information on CLIENTS.RCD_TRANS field  |
| 02/03/93 | Update "DMH program location codes data set"<br>Revise CLIENTS.LEG_STATUS codes<br>Add OTH_SOURCE (secondary source) field to CLIENTS data dictionary<br>Rename EMPLOYEE.PRG_CODE as EMPLOYEE.LOC_CODE   |
| 03/17/93 | Add "Family therapy" to SERVICES data dictionary, revise crosswalks section<br>Add "Group home - programmatic (child)" to SERVICES data dictionary<br>Revise wording of definitions within SERVICES data dictionary<br>Correct field order of ALCOHOL.DIS_STATUS, DIS_REFER, DIS_REF_OR  |
| 03/26/93 | Revise CLIENTS.EDUCATION codes; revise crosswalks section to match<br>Revise "Data crosswalks" CSAT section so source of "admission date" (to SA services) is<br>ALCOHOL.ENT_DATE instead of CLIENTS.ADM_DATE<br>Revise "Data crosswalks" section on "Miscellaneous codes" to specify the<br>CSAT exceptions when coding "other" as response<br>Revise "Data submissions" text |
| 05/14/93 | Revise "DMH program location codes data set"<br>Revise "Introduction" text<br>Revise "Data submissions" text<br>Revise "Data crosswalks" text<br>Add comments for CLIENTS.DSM_1 and DSM_2<br>Correct description of ALCOHOL.AFT_CARE_1, add comments<br>Reorder ALCOHOL.AFT_CARE_*, ALCOHOL.VOC_REHAB from discharge/exit<br>fields to active fields                           |
| 07/14/93 | Correct "Data crosswalks" CMHS ID number of Jackson MH Center  |
| 09/01/93 | Revise "Introduction" text<br>Add microcomputer software standards section   |
| 09/02/93 | Revise "Data validation rules" text  |
| 09/23/93 | Revise definitions of CLIENTS.SPMI and CLIENTS.SEDC  |

## Revisions after initial release:

- 11/01/93      Revise "Services" to conform with POS and Medicaid manual updates:  
Revise various service descriptions to conform with POS and Medicaid manual updates:
- Rename "Medical services - nonphysician" as "Nursing services"
  - Rename "Medical services - physician" as "Medication evaluation and monitoring"
  - Rename "Partial hospitalization/psychosocial rehabilitation" as "Psychosocial rehabilitation"
  - Add "Consumer education and support" service
  - Add "Family education and support" service
  - Add "Injection of psychotropic medication" service
- 06/27/95      Correct ALCOHOL.PRIOR\_TX, ALCOHOL.PREGNANT, and  
ALCOHOL.METHADONE field type to character rather than numeric
- 08/01/96      Add "Data systems requirements" section to "Introduction"  
Add explanation of file naming conventions to "Data Submissions" section  
Add "Assistive technology" service  
Add "Home and community based services - MR/DD waiver" service  
Add "Pre-admission screening" service  
Revise definition of CLIENTS.LOC\_CODE for non-private providers as assigned locally, not by DMH  
Revise CLIENTS.COUNTY to include county three letter abbreviation code  
Revise inpatient services for psychiatric hospitals  
Remove all non-private providers from "DMH program location codes" section
- 11/24/98      Revise "Introduction" text including "Data validation rules" section and  
"Data system requirements" section  
Revise definitions of "Partial Day" and "Outpatient" services on "Program  
Element terminology" chart  
Revise "Data crosswalks" to comply with 01/30/98 edition of CSAT Treatment  
Episode Data Set (TEDS) State Instruction Manual  
Revise all CSAT related references from Client Data System (CDS) to newer terminology  
of Treatment Episode Data Set (TEDS)
- 05/15/00      Remove "DMH program location codes" section of manual  
Revise "Data Submissions" section of manual to include "Data format  
conventions for data submissions" information
- Add, rename, and/or revise various CLIENT codes:
- Revise ORG\_CODE comments to note organizations may use a separate set of codes to distinguish separately licensed entities within the organization
  - Revise field description "Disability category" to "Treatment category"
  - Revise field description "Primary disability" to "Primary treatment category (if dual)"
  - Revise ADM\_REFER and DIS\_REFER to include codes for "Nursing home", "Boarding home", "Group home", and "Other social services agency"
  - Revise CLI\_STATUS field definition to a numeric width of 2

- Revise CLI\_STATUS codes to include respite admissions (new and readmit) as codes "04" and "05"; "Active - medical" as code "06"; "Removed from waiting list" as code "00"; "Discharged - outpatient commitment (SPHs only)" as code "10"
- Revise CLIENTS.LEG\_STATUS codes to include "Involuntary - revoked outpatient commitment" as code "6"; "Other legal" as code "7"; and "Treatment ordered" as code "9"
- Revise CLIENTS.DIS\_STATUS codes to include "Client eloped" as alternative inpatient definition for code "8"

Add, rename, and/or revise various SERVICE descriptions:

- Add "Aftercare" service (substance abuse)
- Add "Crisis intervention" service
- Add "Crisis residential - children/youth" service
- Add "Psychiatric services - children/youth - acute treatment" service
- Add "Psychiatric services - children/youth - long term" service
- Add "Psychiatric services - crisis stabilization unit" service
- Rename "Intensive outpatient" as "Intensive outpatient - substance abuse"
- Rename "Supervised apartments" as "Supervised housing"
- Revise definition of "Emergency services", "Intensive case management"
- Revise definition of "ICF-MR-Small" (DMH service/program code 152) to "15 or fewer beds" to concur with Medicaid definition
- Revise definition of "Psychiatric services - children/youth - short term"
- Revise definition of "Therapeutic day treatment - children/youth"
- Rename "Crisis residential - adult" to "Intensive residential - adult"
- Rename "Crisis residential - child/youth" to "Intensive residential - child/youth"

Add NRI Oryx sub-section to "Data Crosswalks" section of manual

Add, revise TEDS NRF ID numbers for Regions 7,8,9,12 in "Data Crosswalks" section of manual

Correct CROSSWALK reference: TEDS NUM\_PRIOR field crosswalks from DMH ALCOHOL.NUM\_PRIOR field

07/28/2008      Revise Introduction 's references to Word Perfect.

Revise A&D / TEDS file submission information to omit reference to media.

Revise "Data submissions" section to more fully describe current file layouts and submission.

Revise Clients section to change Source values and to take out 2<sup>nd</sup> Source column.

Add Medicaid number, State ID, INTEGRATED\_TREATMENT, ACT\_TREAT, PROGRAM\_CODE, and A&D related fields to Clients database definition.

Revise race codes to separate "Asian" and "Pacific Islanders" and add "Reporting multiple race categories" code.

Add code for "unknown" to Hispanic origin field.

Add additional “type of residence “ codes for categories in URS table 15.

Changed some comments fields to indicate that date must be in YYYYMMDD format.

Add “CHIP” as payment source to CLIENTS.PAYMENT field

Add “unknown” value for VET\_STATUS.

Allow “99” as value for PROBLEM\_2.

Allow “0” as value for DSM\_PRIN if only one DSM diagnosis is reported.

Add comment concerning INPAT, RESID, PARTI, OUTPA, and CASEM SERV fields.

Change name of program element, “Partial Day” to “PSYCHOSOCIAL REHABILITATIVE/Day program options” and program element, “Outpatient” to “PSYCHOTHERAPEUTIC SERVICES/Outpatient”

Change names of A&D “convictions” fields to “arrests” and make corresponding changes to descriptions.

Changed list of A&D drug codes

Add additional A&D discharge fields.

Created new headings within series 100 services to more emphatically distinguish services 151, 152, 153 as not being referred to as “INPATIENT” services.

Changed names of services 151 and 153.

Added “MISCELLANEOUS” group of services (800 series).

Added “HOME AND COMMUNITY BASED SERVICES (MR/DD WAIVER) group of services (900 series)

Made changes to service descriptions for services 102, 104, 110, 153, 201, 202, 204, 205, 206, 207, 303, 304, 305, 306, 307, 308, 309, 401, 403, 407, 415, 501, and 502.

Marked services 201, 301, 302, 303, 304, 307, 308, 310, 401, 403, 407, 408, 410, 411, 412, 413, and 501 as Superseded.

Added service codes 214, 215, 216, 311, 312, 313, 314, 315, 316, 317, 318, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 504, 505, 506, 507, 508, 602, 704, and 705 to already existing groups.

Deleted service codes 701, 702, and 703.

12/01/2010      Change name of Juvenile Rehabilitation Center to Mississippi Adolescent Center

Revised “Introduction” section to remove Software standards and Federal Data Standards explanation

Added “Program Code” to Program element terminology

Revised “Data Validation” Section to move ENT\_DATE and EXT\_DATE from ALCOHOL data set to all data sets

Removed “Employee data set” from all applicable sections

Deleted “Service schema” from Client data collection hierarchy

Revised “Data submissions” section to remove tables, renumber data sets and remove CSAT data set.

Revised “File naming conventions for data submissions” section to reflect the 4 required files

Added Codes and updated comments for “Program Codes”

Removed delete as a potential value for RCD\_TYPE

Changed “alcohol and drug services client data subset” to reflect new field numbers starting with 62, and changed name of A&D entry data to SA\_ENT\_DATE

Updated “MS county data set” to reflect changes in CMHC regions

07/01/2012 Updated Service Codes to match DMH Operational Standards.

07/01/2014 Updated Substance Abuse Client Dataset  
Revised Services Dataset; Removed superseded codes and codes valid until 7/1/2012.  
Added IDD Waiver codes (920-923), MYPAC (435), and Urine Drug Screens (809).  
Updated COUNTY data set; removed CMHC 105 from list of regions.  
Added Section, Technical Requirements  
Removed Section, Data Crosswalks

01/14/2015 Updated Service Codes and Descriptions to match DMH Operational Standards  
Updated “MR” to “IDD”

02/01/2015 Updated Substance Abuse SUB\_CODE values

03/01/2015 Updated Service Codes

04/01/2015 Updated Service Codes

07/01/2015 Changes for DSM-5 conversion

05/01/2016 Updated for ICD-10 diagnosis codes  
Added Section “Organization Specifics”  
Updated Data Dictionary  
Updated Data Submissions





## **Introduction**

## ***Introduction***

The *Manual of Uniform Data Standards* is designed to promote consistency in the collection, processing, submission, and reporting of data within the Mississippi Department of Mental Health (DMH). The DMH administers, coordinates, or certifies services delivered at more than 500 sites throughout the state. Collecting electronically based information about the persons served by this complex array of providers requires that all parties share a common set of data standards. This manual is designed to serve as a sourcebook for defining and maintaining these standards.

The DMH *Manual of Uniform Data Standards* is not an all-encompassing repository that attempts to catalog every data element collected throughout all programs administered and/or certified by the Mississippi Department of Mental Health. Such a listing would run to many volumes and, in all likelihood, remain perpetually out of date. Rather, the manual has the more practical goals of defining:

- a) Common data elements that the Department of Mental Health requires all programs to collect for agency-wide demographic and statistical reporting,
- b) Data elements either mandated or strongly recommended for collection by federal or other oversight agencies.

Even in the case of these more general standards, changes occur with a high degree of regularity. The objective of this manual has been to obtain a reasonable level of consensus that will facilitate exchanges of information without undue restrictions. Suggestions that can help in improving this process are welcomed. Please address any comments or questions to:

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## Key terms

The purpose of a dictionary is to provide an authoritative set of definitions for words and phrases. This manual is intended as a data dictionary for the Department of Mental Health. Besides defining the meaning of data elements such as "Type of residence", it also makes use of other terms in specific ways. One of the difficulties in discussing mental health care is the various meanings which can be attached to words such as "agency", "organization", "facility", "program", "residential", "services" and many others. The following are key terms and their usage within the context of this manual:

An **ORGANIZATION** is an entity which administers services to clients. Regional intellectual and developmental disabilities centers, state psychiatric hospitals, and regional community mental health centers are all organizations. Some ICF/MR organizations operate several separate **LICENSE UNITS**. These license units are accredited independent of each other and therefore are viewed as autonomous. The larger state psychiatric hospitals administer multiple distinct service entities, each under separate licensures. These can include: psychiatric services, chemical dependency units, nursing home units, and medical/surgical hospital units. It can be expected that some organizations will find it necessary to distinguish these components separately. Developing an organization model involving these service components, sometimes referred to as **AGENCIES**, is left to the discretion of the organization.

Most large organizations offer services from multiple locations. **LOCATION CODES** identify the various places where the organization provides services. In some cases there may be more than one location code for a single address. For example, regional intellectual and developmental disabilities centers provide 24 hour institutional services for clients on their main campuses. Some centers also operate early intervention programs (EIP) on their main campus. Because the EIP offers a different set of services to a completely different group of clients, it may be identified by its own distinctive location code. Also, in some cases multiple sites may be consolidated under a single location code if, as in the case of supervised apartments, the program is dispersed among a number of physical locations which are subject to frequent change.

Each location may offer one or more **SERVICES** to clients. Services are treatment modalities. *The DMH core services are defined on the basis of the programmatic intent of the service, not the source(s) of funding for that service.* See the "DMH services data set" for a current listing and description of DMH service codes. Since treatment is constantly evolving, new services emerge over time. The DMH administers and certifies services to clients who fall into one or more of three broad **CATEGORIES** of service needs: mental health, intellectual and developmental disabilities, and/or substance abuse. Within these broad treatment categories, specific populations are often identified. These include elderly persons, persons with serious mental illness, and homeless persons. From a data

systems perspective, however, these groups are demographic subsets of the three primary treatment categories.

MHSIP standards encourage the classification of all services into one of five **PROGRAM ELEMENTS** based primarily on the intensity of treatment: inpatient (24 hr care), residential (overnight services), psychosocial rehabilitative (services typically lasting 3-6 hours, psychotherapeutic (services typically scheduled in increments of one hour or less and usually occurring in a clinical setting), and case management. (See the "Program element terminology" chart in this section for a more detailed description of the five program elements.)

A **CLIENT** is a person receiving services at a location (or from staff operating out of a location). Clients are **ADMITTED** to an organization in order to receive these services. Some organizations are arranged into **PROGRAMS**, usually defined by the treatment category (MH, IDD, SA) being served. Clients **ENTER** into and **EXIT** from these programs during their period of active enrollment in the organization. Regardless of the organizational structure, admitted clients receive one or more **SERVICES** during their enrollment. For example, a client referred to a community mental health center might, after evaluation, enter their "substance abuse" program. Within this program, the client could receive "primary residential treatment" service. The client may then transfer to "transitional residential treatment" and finally be enrolled in "aftercare" to support continued sobriety. It is also possible for a client to be receiving several different treatment services concurrently. For example, persons participating in psychosocial rehabilitative services in a psychotherapeutic program may also be enrolled in a residential program. Movement from one treatment service to another is considered a **TRANSFER**.

When a client is no longer receiving services from the organization, he/she should be **DISCHARGED** from the active client roster. The period encompassed from the time of admission to the time of discharge is considered one **TREATMENT EPISODE**. It is possible for a client to have a case history within any given treatment facility that comprises multiple **TREATMENT EPISODES**.

The DMH core data elements which are associated with the above cited terms are:

ORG_CODE	Organization identifier (assigned by DMH)
LOC_CODE	Location code

Service codes:

INPAT_SERV	Inpatient service codes
RESID_SERV	Residential service codes
PARTI_SERV	Psychosocial rehabilitative service codes
OUTPA_SERV	Psychotherapeutic service codes
CASEM_SERV	Case management service codes

CLI_ORG_ID	Unique client identifier within organization
STATE_ID	Unique client identifier agency-wide
ADM_DATE	Date of admission to organization
ENT_DATE	Date of entry into specific treatment program
EXT_DATE	Date of exit/transfer from specific treatment program
DIS_DATE	Date of discharge from organization

As noted elsewhere in this manual, "program" is an extremely nebulous term when used in mental health and intellectual and developmental disabilities settings. This manual uses "services" as a generic term for the treatment modalities listed and described in the "DMH services data set" section.

## ***Conflicting and evolving terminology***

Efforts to implement uniform data standards across entities providing mental health intellectual and developmental disabilities, and substance abuse services is bound to invite vigorous debates over differences in the use of terminology. One problem confronting attempts to define terms is the ambiguous way in which many words are used. Consider some of the different uses of the word "program" in a service delivery context: to describe a location ("Our program in Lucedale"), to describe a specific service ("Our psychosocial rehab program"), to describe a related set of services for a specific group of clients ("Our substance abuse program"), or to describe an entire array of services ("Our clinical program"). Absent common agreement on key terminology by all persons involved, data systems will be unable to properly organize and report information.

A second consideration is the ever evolving social perception of words. Social views on the appropriateness or inappropriateness of specific terms take on a strong emotional context. As an example, the use of the terms "idiot", "imbecile", and "moron" in any modern service setting would be considered inappropriate and extremely offensive. Yet these same terms were once routinely used in scientific literature to describe persons with profound, severe, and moderate levels of intellectual and developmental disabilities. An underlying concept of broadly classifying persons with intellectual and developmental disabilities according to intellectual / functional criteria did not change; what did change were societal attitudes concerning the acceptability of a specific set of words. In the era of mass communications, there has been a drastic compression in the time required for terminology to gain common use, to undergo a rapid shift in connotation, or to fall into social disfavor.

A final difficulty arises from the fact that the fields of mental health, intellectual and developmental disabilities, and substance abuse often employ different treatment modalities and use terminology in distinctive or different ways. Clinicians can be extremely reluctant to compromise on terminology which is felt to distinguish a particular service from another. However, persons using this manual are urged to focus their attention more on the fundamental concepts described herein than on the terms used to represent these concepts. This manual is not the vehicle to resolve issues such as what word is most appropriate to describe a person receiving services (consumer, client, patient). Rather, there is a recognition that most modern data systems allow service providers to alter such "labels" to appear on computer screens as they desire.

As noted above, social perceptions about the meaning of words are now subject to rapid change. It is likely that some of the terms used in this manual may come to be viewed in a different context over time. Organizations that perceive any data "label" used in this manual to be unsuitable may request to use alternative terminology for their computer system screens and/or their intake forms. However, the underlying concept and utility of the field must be retained and the data from the field must be downloaded using the standard codes specified in this manual.

The program element classification used in this manual is derived from MHSIP standards. These standards reflect a mental health focus. Since some differences occur across the major service areas, the following table provides a "crosswalk" of program element terminology:

### ***Program Element Terminology***

<b>Program Element</b>	<b>Mental Health</b>	<b>Substance Abuse</b>	<b>Intellectual and Developmental Disabilities</b>
24 Hr intensive client care and treatment provided within a highly structured and closely supervised setting (e.g., hospital, nursing home, ICF/IDD).	Inpatient	Inpatient	Residential
Treatment program that involves the client living on premises. The program may involve a concurrent course of treatment or simply provide a place of residence for persons with specific needs.	Residential	Residential	Community-based Residential
Structured programs that clients usually attend on a regular basis and which usually have a duration of 3 or more hours.	Psychosocial rehabilitative	Partial day or Day treatment	Partial day or Day treatment
Services provided to clients usually based upon scheduled appointments and generally having a duration of less than 3 hours. Services may be provided on an individual or group basis, usually in a clinical setting.	Psychotherapeutic	Outpatient	Outpatient
Services that provide individualized attention emphasizing some type of intervention or participation in the natural environment of the client.	Case Management	Case Management and Aftercare	Case Management or Service Coordination
Emergency services allow for the assessment of the crisis and ability to activate a mobile crisis team. Consultation and Education services inform the public of programs and increase community awareness of MH related issues while developing linkages with other health and social agencies that serve the target population. Home and Community Based Services are offered for individuals living in family home but require assistance with specific daily needs.	Emergency and Miscellaneous	Emergency, Consult/Educ/Prev and Miscellaneous	Emergency, Consult/Educ/Prev, Miscellaneous, or Home/Community Based Services



## ***Core data and subsets***

The Department of Mental Health provides services to persons with widely varying sets of needs. As a result, the agency anticipates requirements to collect data on persons within various treatment categories. An example is the TEDS data set mandated for persons enrolled in substance abuse programs or mental health programs.

Given the broad array of persons served, it would be cumbersome and unwieldy if the DMH attempted to incorporate all data items that might conceivably be asked of every treatment population into one universal client data structure. SAMHSA data requirements on type and frequency of substance use, for example, would probably have little applicability for clients enrolled in intellectual and developmental disabilities programs. As an alternative, the Mississippi DMH has established a *core client data set*. The core data includes those basic data items deemed applicable across all treatment services. The core data set will be supplemented, as needs and mandates require, by data subsets designed for specific service populations or treatment programs. Client data under this concept can be viewed as existing in one of four layers:

- Mandated core data set
- Mandated target service populations data subsets
- Shared organizational data subset
- Local organization data subset

A design goal of the DMH is that information systems within organizations treating multiple service populations be able to prompt users for entry of client data subsets when core data indicates the client is a member of one of the targeted groups. Such systems would maintain a relational link between the client information in the core data set and that located in one or more data subsets.

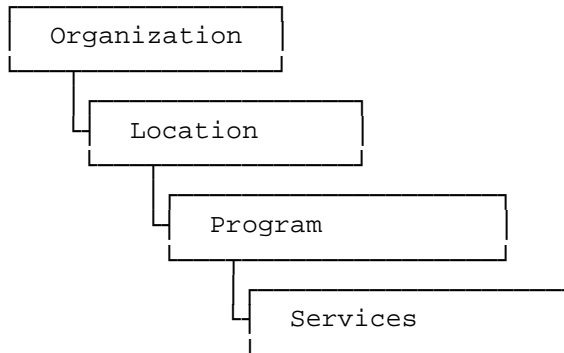
The third layer of data subset allows for items developed by and shared among groups of facilities or treatment programs with a common mission. For example, the community mental health centers might all agree that their client data set include driver's license number and state of issuance, even though this is not mandated at the federal or state level. The DMH encourages facilities to work cooperatively to establish shared data standards for non-mandated data items.

The final layer captures those data items unique to a given organization. It is hoped that information systems will be able to accommodate local needs with minimum effort through the incorporation of user defined fields.

## Service schema

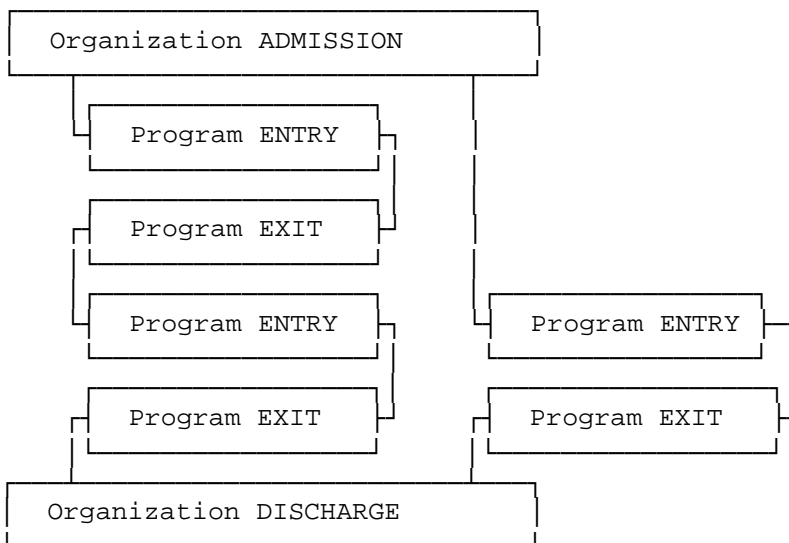
The following schema graphically represents some of the concepts of service delivery and data collection layers described in the preceding text:

### 1. Organization service delivery hierarchy



This hierarchy depicted above a conceptual model, not a mandated structure. Larger organizations may need to subdivide their organization into distinct administrative entities operating under separate licensure. It could be argued that a specific service LOCATION (Hope Haven, Smallville, MS) may fall under the organizational umbrella of a PROGRAM (Substance Abuse). More often, however, service locations are used to offer more than one program of treatment. Those who experience any major distress over the depicted hierarchy should re-conceptualize it as they desire.

### 2. Client treatment hierarchy



Once a client is ADMITTED into an organization he/she may be enrolled in a number of different programs over the course of treatment. The client can ENTER and EXIT these programs

sequentially (one following the other) or simultaneously (one concurrent with the other). When the course of treatment has been concluded, the client is DISCHARGED from the organization.

## ***Data validation rules***

The following are rules which are recommended to validate the data entered in certain fields of the DMH data sets. While not mandatory, data validation of the type described will assist in the collection and entry of correct information. This list is a foundational set of validation rules. Additional rules are noted in the data dictionary. During data entry, systems should restrict users to entering only those code values that have been defined for each field.

### **CLIENTS Dataset**

CLI_ORG_ID	<p>Unique client ID within organization: The system (and organization policy) should not permit entry of a client ID number that duplicates the ID of an already active client. It is desirable that systems allow cross checking of previously assigned client ID numbers using various search criteria: name, maiden name, alias (if captured), approximate date (month/year) of previous admission or discharge.</p> <p>Entry of a preexisting but inactive client ID number should alert the input operator that the number has been previously assigned and bring up key client data for identification purposes.</p> <p>If an admission record is being created utilizing a previously unassigned client organizational ID, but the client's Social Security number already exists in an inactive record within the system, the discrepancy should be flagged with a caution message at input. (New SS_NUMBER = previous SS_NUMBER but new CLI_ORG_ID &lt;&gt; previous CLI_ORG_ID.)</p>
ADM_DATE	<p>Admission date (most recent) to organization: The system should display a caution message if admission date exceeds the current system date by more than 7 days. (Users should not be routinely pre-entering clients into the system over one week in advance of the current date.)</p> <p>The system should display a caution message if admission date predates the current system date by more than 30 days</p>
SS_NUMBER	<p>Client Social Security number: The system should not permit entry of a Social Security number for an active client if a duplicate Social Security number already exists for another active record.</p> <p>If a Social Security number for a new admission does not match the one recorded for a previous admission, the system should display a caution message at input. (New CLI_ORG_ID = previous CLI_ORG_ID but new SS_NUMBER &lt;&gt; previous SS_NUMBER.)</p>
BIRTH_DATE	<p>Birth date of client: Date entered should not exceed current system date or result in an age that is a negative.</p>

HANDICAP_2	Client handicapping condition: Entry should not duplicate entry for HANDICAP_1.
PROBLEM_2	Client problem at admission: Entry should not duplicate entry for PROBLEM_1.
DISAB_DUAL	Primary disability category if dually diagnosed: The system should not permit erroneous combinations with DISAB_CATE field (disability category). (DISAB_CATE = 04 [Dual: MH/IDD] but DISAB_DUAL = 3 [primary problem substance abuse]).
DIS_DATE	<p>Discharge date: The discharge date should not predate the most recent ADM_DATE (admission date).</p> <p>The system should display a caution message if discharge date exceeds current system date by more than 7 days.</p> <p>The system should display a caution message if discharge date precedes current system date by over 30 days</p>
ENT_DATE	Program entry date: The program entry date should not predate the most recent ADM_DATE (admission date into organization). (A client cannot enter a program within an organization prior to being admitted to the organization.)
EXT_DATE	Program exit date: The program exit date should not exceed the DIS_DATE (discharge date from organization) if discharge from organization has occurred. (A client cannot exit a program within an organization after he/she has already been discharged from the organization.)

## ***Data submissions***

Providers have two methods to submit data: File upload or Web Entry. Providers are setup with one of these methods as a default. If a provider needs to change the method of data submission, the data contact should inform DMH Division of Information Management and Systems prior to changing. The data contact can request CDR access for users by contacting DMH Division of Information Management and Systems.

Providers will submit data to the CDR web interface: <https://www.ms.gov/MHProject>. There are four data submission standards currently in effect:

### **1) Mental Health Core Client data set (D)**

SOURCE: Mental Health Core Client Data set standards  
 SCOPE: Clients admitted, updated, transferred, or discharged (within date range)  
 DUE: **Monthly (20 days after end of month)**  
 FORMAT: ASCII comma delimited  
 ARCHIVE: Cumulative (each submission is added to previous data submissions)

**Comments:** At the Central Office level, the core client data set is cumulative, with each record submission appended to previously submitted discharge records. The active data set provides the foundation for an agency-wide client tracking system.

"Transfers" refer to movement of persons enrolled in MH programs from one treatment modality (service) to another. DMH requires tracking of these changes in service. A listing of DMH service codes can be found in the "Services" section of this manual. The transfer record structure is similar to the DMH admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2

The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected, errors will accumulate as consistency errors and services BY\_ID errors.

### **2) Substance Abuse Client data subset (A)**

SOURCE: Mental Health Core Client data set standards and  
 Substance Abuse data subset standards  
 SCOPE: NEW ADMISSIONS for previous month  
 TRANSFERS (among SA services) for previous month  
 DISCHARGES for previous month

CHANGES for previous month  
 DUE: Monthly (20 days after end of month)  
 FORMAT: ASCII comma delimited  
 ARCHIVE: Cumulative (each month's submission is added to previous data submissions)

**Comments:** The Substance Abuse (SA) data set should be drawn from those clients who have a DISAB\_CATE = 3 (substance abuse), or those with a DISAB\_CATE of 5-7 (dual disability with substance abuse as a component). The SA data set information must be collected and entered for all persons who have been assigned these DISAB\_CATE codes.

At the Central Office level, the SA database is cumulative. Each month's new admissions, service transfers, and discharges are added into the existing database.

"Transfers" refer to movement of persons enrolled in SA programs from one treatment modality (service) to another. DMH SA requires tracking of changes in service. A listing of DMH service codes that constitute a "transfer" can be found in the "Services" section of this manual. The transfer record structure is identical to the DMH SA admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2
SA_ENT_DATE	DIS_LIVING	DIS_RESID
DIS_EDUC	DIS_EMPLOY	ENTSA_DATE

The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected, errors will accumulate as consistency errors and services BY\_ID errors.

### 3) Intellectual and Developmental Disabilities Client data set (I)

SOURCE: Intellectual and Developmental Disabilities Client data set standards  
 SCOPE: Clients admitted, updated, transferred, or discharged (within date range)  
 DUE: Monthly (20 days after end of month)  
 FORMAT: ASCII comma delimited  
 ARCHIVE: Cumulative (each submission is added to previous data submissions)

**Comments:** At the Central Office level, the core client data set is cumulative with each record submission appended to previously submitted discharge records. The active data set provides the foundation for an agency-wide client tracking system.

"Transfers" refer to movement of persons enrolled in IDD programs from one treatment modality (service) to another. DMH requires tracking of these changes in service. A listing of DMH service codes can be found in the "Services" section of this manual. The transfer record structure is similar

to the DMH admission/discharge record structure. Most data fields in the client admission record can be simply copied to the transfer record submission. Fields which must be updated are:

RPT_DATE	RCD_TRANS	ENT_DATE
EDUCATION	MARITAL	LIVING_ARR
RESID_ARR	EMPLOYMENT	INCOME_SRC
INCOME_HOU	DSM_1	DSM_2

The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected, errors will accumulate as consistency errors and services BY\_ID errors.

#### 4) DMH Services data set (S)

SOURCE: DMH Services Data set standards  
 SCOPE: SERVICES performed within previous month  
 DUE: **Monthly (20 days after end of month)**  
 FORMAT: ASCII comma delimited

**Comments:** The CDR will disallow the upload of a complete file if the prior month's file has more than 5% of its records in error, but if the file has less than 5% errors all records except those that had an error will be uploaded to the CDR. The client records that erred out were not uploaded to the CDR. If those errors are not corrected before submission the next month the services file will continue to increase error rate because of BY\_ID errors. The BY\_ID field is the client identifier in the service file. The BY\_ID errors are mainly created because the client record from the "A", "D", or "I" file had erred out and was never corrected so when the service for that client was reported in the "S" file, the system could not find the matching client data. The goal is to have 0% error rate on each file, this way you know all your records have been recorded in the CDR.

### File naming conventions for data submissions

The following naming conventions are to be used for files submitted to DMH:

- 1) The file name must be composed of an eight letter identifier, followed by a period and a three letter extension. For all ASCII files the extension must be "TXT." Refer to the examples listed below.
- 2) The eight letter file identifier must be composed of four components: a) an initial single letter code indicating the download submission type, b) a three number code identifying the organizational code (ORG\_CODE) of the originator, c) a two number code indicating the year of submission, and d) a two number code indicating the month of submission. The initial single character codes are as follows:

A	Alcohol and Drug download (ASCII comma delimited)
D	Mental Health Core Client download (ASCII comma delimited)
I	Intellectual and Developmental Disabilities Core Client download (ASCII comma delimited)



## S Services download (ASCII-comma delimited)

Some examples of downloaded file names are:

A1019901.TXT	DMH Alcohol and Drug download ("A") from CMHC Region 1 ("101") submitted in 1999 ("99"), month of January ("01")
D2010304.TXT	DMH Active client core dataset download ("D") from Mississippi State Hospital ("201") submitted in 2003 ("03"), month of April ("04")
I1120107.TXT	DMH Intellectual and Developmental Disabilities download ("I") from CMHC Region 12 ("112") submitted in 2001 ("01"), month of July ("07")
S3020612.TXT	DMH Services data set download ("S") from Hudspeth Regional Center ("302") submitted in 2006("06"), month of December ("12")

3) System will show an error if the three-digit organization code in the filename does not match the assigned organization code of the user to prevent uploading data to the incorrect organization. System will also display an error if the year and month submission are out of sequence or when the previous error rate exceeded the 5% threshold.

## Date format conventions for data submissions

All applications programs used to collect the data elements defined in this manual must be capable of accepting, storing, and downloading date field information that incorporates a four digit year. The ASCII delimited submissions must generate date information as an 8 digit number arranged in a YYYYMMDD format (e.g., November 28, 2003 should download as 20031128), unless otherwise specified. Any data submissions to DMH that lack correctly recorded four-digit year information will not be accepted.

## Data Systems Requirements

It is recommended that all DMH facilities, community mental health centers, and other service providers operating under certification from the Department of Mental Health acquire and maintain data systems capable of meeting client demographic and fiscal management needs.

The following are strongly suggested as minimum criteria for data systems:

- The data system must utilize relational database design technology. Data should be stored in normalized tables and be accessible by third party query and report writing software through Structured Query Language (SQL).
- The data system should be certified and verified as Year 2000 compliant. All date fields should be capable of accepting and processing four digit years (e.g., "03/23/2000"). If the system allows user entry of two digits in a year field (e.g., "98", "03"), the system default century should be clearly displayed.

- The data system should exhibit a high degree of user configurability. Organizations should be able to add user defined fields without programming. It should be possible to alter the screen data field labels to those preferred by the organization without customization of the data system.
- The data system must be capable of collecting all data specified in this manual. It should be possible to add any missing fields in a logical sequence without customization of the data system.
- The data system must have built-in support for a minimum of 3 sets of correlated codes can be established. Such capability will allow organizations to maintain internal codes but also support alternate coding standards with minimal difficulty. Refer to the "Data Crosswalks" section of this manual for specific examples of situations in which data crosswalks are required.
- The data system should have a fiscal component that is consistent with GAAP standards.
- The data system should be capable of supporting unit cost reporting.
- The data system must be capable of cross-walking from internal cost center codes to DMH service codes. This is necessary to produce service enrollment data for the core client demographic download. It is also necessary for organizations to report on the quantity of services rendered without regard to funding source.
- The data system should support the use of both DSM and ICD diagnostic codes. It should allow crosswalks between the two coding systems as required for billing purposes.
- The data system must support electronic billing for Medicaid and Medicare (Part A and Part B).
- In addition to tracking client admissions and discharges, the data system should have the capability to record client enrollments in specific programs / services during the overall treatment episode within the organization (see "Introduction: Key Terms").
- For organizations providing alcohol and drug abuse services, the data system must support the entry and downloading of data mandated by the DMH Bureau of Alcohol and Drug Services. These data requirements are included in the *Manual of Uniform Data Standards*.
- The data system should maintain historical information on selected client demographic data to assist in assessing outcome measures. At a minimum, the following client data should be tracked historically:

Education	Marital status
Living arrangement	Residential arrangement
Employment status	Primary source of income
Annual household income	Diagnoses

- The data system should incorporate as many of the "Data validation rules" listed in this manual as is practical.
- The data system must produce data downloads in the format specified in the "Data submissions" section of this manual. The downloaded files must follow the [naming conventions](#) outlined in the "Data submissions" section.

## **Core client data set**

## Data elements of the Core Client Dataset

Field	Field Description	Field Name	Type	Width
<a href="#"><u>1</u></a>	Report date: date information was submitted	RPT_DATE	N	8
<a href="#"><u>2</u></a>	Record transaction type (add, change, delete)	RCD_TRAN	N	1
<a href="#"><u>3</u></a>	Organization code	ORG_CODE	N	3
<a href="#"><u>4</u></a>	Program location code	LOC_CODE	C	4
<a href="#"><u>5</u></a>	Unique client ID within organization	CLI_ORG_ID	C	9
<a href="#"><u>6</u></a>	Client status	CLI_STATUS	C	2
<a href="#"><u>7</u></a>	Admission date (most recent) to organization	ADM_DATE	N	8
<a href="#"><u>8</u></a>	Admission type(primary, collateral, unregistered)	ADM-TYPE	N	1
<a href="#"><u>9</u></a>	Admission referral category	ADM-REFER	C	2
<a href="#"><u>10</u></a>	Admission referral organization code (DMH only)	ADM-REF-OR	N	3
<a href="#"><u>11</u></a>	Legal status of client at admission	LEG_STATUS	N	1
<a href="#"><u>12</u></a>	Client last name	LAST_NAME	C	15
<a href="#"><u>13</u></a>	Client first name	FIRST_NAME	C	15
<a href="#"><u>14</u></a>	Client maiden name (if applicable)	MAID_NAME	C	15
<a href="#"><u>15</u></a>	Social Security number (unique client identifier)	SS_NUMBER	N	9
<a href="#"><u>16</u></a>	Birth date	BIRTH_DATE	N	8
<a href="#"><u>17</u></a>	Age of client (calculated from birthdate)	AGE	N	3
<a href="#"><u>18</u></a>	Sex	SEX	C	1
<a href="#"><u>19</u></a>	Race	RACE	C	1

Field	Field Description	Field Name	Type	Width
<a href="#">20</a>	Hispanic origin	HISPANIC	C	1
<a href="#">21</a>	Education level: last grade completed	EDUCATION	C	2
<a href="#">22</a>	Marital status	MARITAL	C	1
<a href="#">23</a>	County of residence prior to admission	ADM_CNTY	C	2
<a href="#">24</a>	Living arrangement	LIVING_ARR	N	1
<a href="#">25</a>	Type of residence	RESID_ARR	C	2
<a href="#">26</a>	Employment status	EMPLOYMENT	C	2
<a href="#">27</a>	Primary source of household income	INCOME_SRC	N	1
<a href="#">28</a>	Household annual income amount	INCOME_HOU	N	6
<a href="#">29</a>	No. of persons in household dependent on income	INCOME_DEP	N	2
<a href="#">30</a>	Eligibility for SSI/SSDI	ELIG_SSI	N	1
<a href="#">31</a>	Eligibility for Medicaid	ELIG_MCAID	N	1
<a href="#">32</a>	Expected principal source of payment	PAYMENT	C	2
<a href="#">33</a>	Veterans status	VET_STATUS	C	1
<a href="#">34</a>	Physical impairment (1 of 2)	HANDICAP_1	C	2
<a href="#">35</a>	Physical impairment (2 of 2)	HANDICAP_2	C	2
<a href="#">36</a>	Presenting problem (1 of 2)	PROBLEM_1	C	2
<a href="#">37</a>	Presenting problem (2 of 2)	PROBLEM_2	C	2
<a href="#">38</a>	Treatment category (MH, IDD, SA, dual)	DISAB_CATE	N	1
<a href="#">39</a>	Primary treatment category (if dual)	DISAB_DUAL	N	1
<a href="#">40</a>	Is client seriously mentally ill? (Y/N)?	SPMI	C	1

Field	Field Description	Field Name	Type	Width
<a href="#">41</a>	Is client seriously emotionally disturbed child?	SEDC	C	1
<a href="#">42</a>	Primary Diagnosis	DSM_1	C	6
<a href="#">43</a>	Secondary Diagnosis	DSM_2	C	6
<a href="#">44</a>	Diagnostic Code Set Identifier	DCS_ID	N	1
<a href="#">45</a>	Inpatient service code	INPAT_SERV	N	3
<a href="#">46</a>	Residential service code	RESID_SERV	N	3
<a href="#">47</a>	Partial day service code	PARTI_SERV	N	3
<a href="#">48</a>	Outpatient service code	OUTPA_SERV	N	3
<a href="#">49</a>	Case management service code	CASEM_SERV	N	3
<a href="#">50</a>	Discharge date	DIS_DATE	N	8
<a href="#">51</a>	Discharge status	DIS_STATUS	N	1
<a href="#">52</a>	Discharge referral category	DIS_REFER	C	2
<a href="#">53</a>	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3
<a href="#">54</a>	County of residence upon discharge	DIS_CNTY	C	2
<a href="#">55</a>	Medicaid number	MCAID_NUMBER	N	9
<a href="#">56</a>	State ID (Generated by CDR upon 1 <sup>st</sup> submission)	STATE_ID	N	9
<a href="#">57</a>	Client receives integrated treatment	INTGR_TREAT	C	1
<a href="#">58</a>	Indicates whether client receives ACT/PACT Assertive Community Treatment	ACT_TREAT	C	1
<a href="#">59</a>	Program under which client receives treatment	PROGRAM_CODE	C	4
<a href="#">60</a>	Entry date (most current) into program	ENT_DATE	N	8
<a href="#">61</a>	Program exit date	EXT_DATE	N	8

***Core Client Data Dictionary***

## 1 Report date: date information was submitted

**Field name:** RPT\_DATE                      **Type:** N                      **Width:** 8

**Comments:** Required for file upload. This field is auto-generated when entering data on the CDR website. Field indicates date of data submission download from provider's software system. Information in this field should be automatically inserted by the program during download. Date must be in YYYYMMDD format.

**Relational Edit:** Report date and admission date are cross-checked. Report date must be the same date as the admission date or later.

## 2 Record transaction type

**Field name:** RCD\_TRANS                      **Type:** N                      **Width:** 1

**Codes:**  
           1 = Add admission record  
           2 = Add transfer record  
           3 = Change record (correction)  
           4 = Change record (update)

**Comments:** Required for file upload. This field is auto-generated when entering data on the CDR website. Indicates the record transaction which should occur at the central repository level.

For each admission event, a client should have only one record with (1) Add admission record. This record serves as the client's initial status upon admission. Any record uploads after the initial admission record should be an update, correction, or transfer.

DMH standards require posting of transfers when a program/service ends and begins another program/service within an organization. Transfer records must have a program exit date (field 61)

"Change Record" codes indicate either corrections or updates to previously submitted client records. A correction allows core client data that was erroneously submitted to be replaced with the correct client data. A correction will replace the most recently uploaded client record in the database. To correct an earlier record, users must the website and select the record entry that should be corrected. Admission/Discharge dates and State ID cannot be corrected by upload file or website. Date of birth can be corrected by file upload or website (Correct Client Info). An update adds a record to the database instead of replacing. Updates provide changes to the core client data such as life events (marital status, employment, residential arrangements, etc) as well as client status updates (discharge). Updates are required annually (every 365 days).

**Relational Edit:** Client status (field 6) is checked to this field. If RCD\_TRANS = 1, client status cannot be a discharge status (09, 10).

## 3 Organization code

**Field name:** ORG\_CODE                      **Type:** N                      **Width:** 3



**Codes:**

- 101 = CMHC Region 1
- 102 = CMHC Region 2
- 103 = CMHC Region 3
- 104 = CMHC Region 4
- 106 = CMHC Region 6
- 107 = CMHC Region 7
- 108 = CMHC Region 8
- 109 = CMHC Region 9
- 110 = CMHC Region 10
- 111 = CMHC Region 11
- 112 = CMHC Region 12
- 113 = CMHC Region 13
- 114 = CMHC Region 14
- 115 = CMHC Region 15
- 201 = Miss. State Hospital
- 202 = East Miss. State Hospital
- 203 = North Miss. State Hospital
- 204 = South Miss. State Hospital
- 205 = Central Miss. Residential Center
- 206 = Spec. Treatment Facility
- 301 = North Miss. Regional Center
- 302 = Hudspeth Regional Center
- 303 = Boswell Regional Center
- 304 = Ellisville State School
- 305 = South Miss. Regional Center
- 306 = Mississippi Adolescent Center

**Comments:** Required. Information in this field should be automatically inserted by the software during download. The field denotes the "umbrella" organization code. Individual service sites operated by the organization are identified by their "Program location code" (LOC\_CODE). Some organizations may also need to be subdivided into administrative subcomponents based on separate licensures. These entities can be given separate codes as long as the assigned organization code can also be generated. Private providers are assigned organization codes in the 700-999 range.

4 Program location code

**Field name:** LOC\_CODE      **Type:** C      **Width:** 4

**Codes:** Location Codes are assigned by each organization. Location codes are maintained on the CDR website, under menu option titled "Provider Specific Codes".

**Comments:** Required. This field is used to identify physical locations from which large multi-site organizations provide services. **Each organization must add and maintain "Program location codes" on the CDR website (Provider Specific Codes>Maintain Locations). Location codes should be within an allowable range from 0001 to 9999 and codes should be unique.** For DMH purposes, location codes should be limited to physical sites administered by the organization rather than

ancillary service delivery sites such as schools, jails, etc. Note that in some cases separate program location codes may be used to identify two very distinct programs sharing a single physical address. Also, when there are a number of service sites for a single program, such as supervised apartments, they may be grouped under a single "Program location code" representing the administrative entity.

**Relational edit:** Location codes will be cross-checked to the approved location list.

5 Unique client ID within organization

**Field name:** CLI\_ORG\_ID      **Type:** C      **Width:** 9

**Comments:** Required. The client's "Unique client ID" (CLI\_ORG\_ID) should be generated within each organization for internal identification of clients. It can be up to 9 characters in length. Every effort should be made to insure the ID remains unique to a single client. The same ID should be reused if and when the client is readmitted to the organization.

6 Client status

**Field name:** CLI\_STATUS      **Type:** C      **Width:** 2

**Codes:**

- 00 = Removed from waiting list
- 01 = Active - new admission
- 02 = Active - re-admission
- 03 = Active - evaluation only
- 04 = Active - respite (new admission)
- 05 = Active - respite (re-admission)
- 06 = Active - medical
- 08 = Waiting list only
- 09 = Discharged
- 10 = Discharged - outpatient commitment (SPHs)

**Comments:** Required.

**Relational Edit:** If client status indicates client is of discharge status (09, 10), then record transaction (field 2) must be an update record (4) and discharge data fields are required (fields 50-54). If record transaction field is 1, then client status cannot be a discharge status (09, 10).

7 Admission date (most recent) to organization

**Field name:** ADM\_DATE      **Type:** N      **Width:** 8

**Comments:** **Required.** Date of the most recent admission to the organization. Date must be in YYYYMMDD format. Admission date is a key field and cannot be changed (by update or correction) once it is accepted into the CDR.

## 8 Admission type (primary, collateral, unregistered)

**Field name:** ADM\_TYPE                      **Type:** N                      **Width:** 1

**Codes:**            1 = Primary  
                  2 = Collateral  
                  3 = Unregistered

**Comments:**    Required. Applicable primarily to CMHCs. "Primary" clients are clients that directly receive services for his/her problem. "Collateral" clients are those receiving services because of problems arising from a relationship with another who is the primary recipient of treatment (i.e., family members participating in therapy with someone with a substance abuse problem). "Unregistered" clients are persons who are receiving services but for whom there is no clinical record.

## 9 Admission referral category

**Field name:** ADM\_REFER                      **Type:** C                      **Width:** 2

**Codes:**            01 = DMH psychiatric hospital  
                  02 = Other MS CMHC  
                  03 = DMH IDD facility  
                  04 = Private psychiatric hospital  
                  05 = Other MH care provider  
                  06 = Other IDD care provider  
                  07 = Other SA care provider  
                  08 = General hospital/other health care provider  
                  09 = Self  
                  10 = Family/friend  
                  11 = School/educational agency  
                  12 = Employer/EAP  
                  13 = Police/sheriff  
                  14 = Court/correctional facility  
                  15 = Probation/parole  
                  16 = Self-help program  
                  17 = Vocational rehabilitation/job placement  
                  18 = Nursing home (non-DMH)  
                  19 = Boarding home  
                  20 = Group home (non-DMH)  
                  21 = Other social services agency  
                  97 = Other  
                  98 = Unknown  
                  99 = None

**Comments:**    Required. If admission referral source is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) then "Admission referral organization code" (ADM\_REF\_OR) should be recorded.

**Relational edit:** Field is cross-checked to field 10, ADM\_REF\_OR, when ADM\_REFER is 01, 02, 03.

10 Admission referral organization code

**Field name:** ADM\_REF\_OR **Type:** N **Width:** 3

**Codes:**

- 101 = CMHC Region 1
- 102 = CMHC Region 2
- 103 = CMHC Region 3
- 104 = CMHC Region 4
- 106 = CMHC Region 6
- 107 = CMHC Region 7
- 108 = CMHC Region 8
- 109 = CMHC Region 9
- 110 = CMHC Region 10
- 111 = CMHC Region 11
- 112 = CMHC Region 12
- 113 = CMHC Region 13
- 114 = CMHC Region 14
- 115 = CMHC Region 15
- 201 = Miss. State Hospital
- 202 = East Miss. State Hospital
- 203 = North Miss. State Hospital
- 204 = South Miss. State Hospital
- 205 = Central Miss. Residential Center
- 206 = Spec. Treatment Facility
- 301 = North Miss. Regional Center
- 302 = Hudspeth Regional Center
- 303 = Boswell Regional Center
- 304 = Ellisville State School
- 305 = South Miss. Regional Center
- 306 = Mississippi Adolescent Center

**Comments:** Required if "Admission referral category" (ADM\_REFER) entry is 01, 02, or 03.

**Relational edit:** This field can be blank when field 9, Admission Referral Category, is not 01, 02, or 03.

11 Legal status of client at admission

**Field name:** LEG\_STATUS **Type:** N **Width:** 1

**Codes:**

- 1 = Voluntary (referral)
- 2 = Involuntary - civil - adult psychiatric
- 3 = Involuntary - civil - adult chemical dep.
- 4 = Involuntary - youth court
- 5 = Involuntary - criminal
- 6 = Involuntary - revoked outpatient commitment

7 = Other legal status

9 = Treatment ordered (condition of probation or parole)

- 12 **Comments:** Required. Field indicates the client's legal status at time of admission.  
Client last name

**Field name:** LAST\_NAME                      **Type:** C                      **Width:** 15

**Comments:** Required. CDR only collects up to 15 letters of the last name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission.

- 13 Client first name

**Field name:** FIRST\_NAME                      **Type:** C                      **Width:** 15

**Comments:** Required. CDR only collects up to 15 letters of the first name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission.

- 14 Client maiden ( or middle) name (if applicable)

**Field name:** MAID\_NAME                      **Type:** C                      **Width:** 15

**Comments:** Not Required. CDR only collects up to 15 letters of the maiden/middle name. Providers' data system can collect more than 15 characters but the field should be truncated prior to submission.

- 15 Social Security number

**Field name:** SS\_NUMBER                      **Type:** N                      **Width:** 9

**Comments:** Cannot be blank. SSN is encrypted when submitted to the CDR.

**Relational edit:** This field cannot be blank. SSN is required to assign a State ID. Upon issue of client's State ID, SSN does not have to be submitted. If record is submitted with client's State ID, provider can submit record with 9 spaces instead of actual SSN. SSN cannot be changed.

- 16 Birth date

**Field name:** BIRTH\_DATE                      **Type:** N                      **Width:** 8

**Comments:** Required. Date must be in YYYYMMDD format. Date entered should not exceed current system date or result in an age that is a negative. Date must be after 18000101.

**Relational edit:** Birth date should be before or equal to admission date (field 7).

- 17 Age of client (calculated from birthdate)

	<b>Field name:</b> AGE <b>Type:</b> N <b>Width:</b> 3  <b>Comments:</b> Not Required. If the client's "Birth date" (BIRTH_DATE) is submitted, this field can be blank. Age can be calculated and updated using the birth date.
18	Sex/Gender
	<b>Field name:</b> SEX <b>Type:</b> C <b>Width:</b> 1  <b>Codes:</b> F = Female M = Male U = Unknown  <b>Comments:</b> Required. It is acceptable to use the term "Gender" to identify this field.
19	Race
	<b>Field name:</b> RACE <b>Type:</b> C <b>Width:</b> 1  <b>Codes:</b> A = Asian B = Black/African American I = Native American Indian K = Alaskan native (Aleut, Eskimo, Indian) M = Reporting multiple race categories O = Other P = Native Hawaiian or other Pacific Islander W = White/Caucasian U = Unknown or Not Available  <b>Comments:</b> Field identifies the client's race according to The Office of Management and Budget (OMB) guidelines.
20	Hispanic origin
	<b>Field name:</b> HISPANIC <b>Type:</b> C <b>Width:</b> 1  <b>Codes:</b> C = Cuban M = Mexican P = Puerto Rican O = Other Hispanic N = Not of Hispanic origin U = Unknown or not available  <b>Comments:</b> Required. Hispanic origin is not a race, but rather is used to denote persons who identify themselves with Spanish culture or origins.

21 Education level: last grade completed

**Field name:** EDUCATION **Type:** C **Width:** 2

**Codes:** 51 = Preschool/kindergarten  
 52 = Special education  
 01 = First grade  
 ..  
 12 = Twelfth grade  
 13 = GED  
 14 = Technical/trade school  
 15 = Some college, no degree  
 16 = Associate degree  
 17 = Bachelors degree  
 18 = Masters degree  
 19 = Ph.D.  
 98 = Unknown  
 99 = Never attended school

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

22 Marital status

**Field name:** MARITAL **Type:** C **Width:** 1

**Codes:** S = Single (never married or marriage annulled)  
 M = Married  
 P = Separated  
 D = Divorced  
 W = Widowed  
 U = Unknown

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

23 County of residence prior to admission

**Field name:** ADM\_CNTY **Type:** C **Width:** 2

**Codes:** (Refer to [COUNTY data set](#) for a listing of numeric codes.)

**Comments:** Required.

24 Living arrangement

**Field name:** LIVING\_ARR **Type:** N **Width:** 1

**Codes:** 1 = Lives alone  
2 = Lives w. relatives (nuclear or extended)  
3 = Lives w. non-relatives

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

25 Residential living arrangement

**Field name:** RESID\_ARR **Type:** C **Width:** 2

**Codes:** 01 = Private residence (house, mobile home)  
02 = Other independent (rooming house, dorm)  
03 = Homeless/Shelter  
04 = Institution (psychiatric hospital, IDD facility)  
05 = Community program (nursing home, group home)  
06 = Correctional facility  
07 = Other  
08 – Foster Home  
09 – Residential Care  
10 – Crisis Residence  
11 – Children’s Residential Treatment  
99 = Not available/Unknown

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

**Relational edit:** Clients with residential arrangement = 06, Correctional Facility, must have employment (field 26) = 11 (Correctional Inmate) and living arrangement (field 24) = 03 (Lives with non-relatives). **Clients receiving services at state hospitals are required to use ‘04’.**

26 Employment status

**Field name:** EMPLOYMENT **Type:** C **Width:** 2

**Codes:** 01 = Employed - full time (35+ hrs per week)  
02 = Employed - part time  
03 = Employed - active military duty  
04 = Season/migrant worker  
05 = Unemployed - seeking work  
06 = Unemployed - not seeking work  
07 = Homemaker  
08 = Student or Person under 17  
09 = Retired  
10 = Disabled  
11 = Correctional inmate  
97 = Other



98 = Unknown

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

**Relational edit:** Clients with employment = 11, Correctional Inmate, must have residential arrangement (field 25) = 06 (Correctional Facility) and living arrangement (field 24) = 03 (Lives with non-relatives).

27 Primary source of household income

**Field name:** INCOME\_SRC      **Type:** N      **Width:** 1

**Codes:**  
 1 = Wages/salary  
 2 = Public assistance  
 3 = Retirement/pension  
 4 = Disability income  
 7 = Other  
 8 = Unknown  
 9 = None

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures.

28 Household annual income amount

**Field name:** INCOME\_HOU      **Type:** N      **Width:** 6

**Codes:** (Numeric value between 0 and 999999)

**Comments:** Required. This field captures the client's household income. Some program data subsets (e.g., alcohol and drug treatment) mandate an additional data field recording the client's individual income. This field should be updated regularly to assist in assessing outcome measures.

29 No. of persons in household dependent on income

**Field name:** INCOME\_DEP      **Type:** N      **Width:** 2

**Codes:** (Numeric value between 1 and 99)

**Comments:** Indicate the number of persons in the household who are dependent upon the "Household annual income amount". Value should be greater than zero.

30 Eligibility for Supplemental Security Income (SSI)/Social Security Disability Income(SSDI)

**Field name:** ELIG\_SSI      **Type:** N      **Width:** 1

**Codes:**  
 1 = Eligible and receiving payments  
 2 = Eligible but not receiving payments

3 = Potentially eligible (under review)

4 = Determined as ineligible

8 = Unknown

9 = Not applicable

**Comments:** Required. Indicate the client's eligibility status for Supplemental Security Income (SSI)/Social Security Disability Income(SSDI)

31 Eligible for Medicaid

**Field name:** ELIG\_MCAID      **Type:** N      **Width:** 1

**Codes:**

- 1 = Eligible and receiving payments
- 2 = Eligible but not receiving payments
- 3 = Potentially eligible (under review)
- 4 = Determined as ineligible
- 8 = Unknown
- 9 = Not applicable

**Comments:** Required. Indicate the client's eligibility status for Medicaid

32 Expected principal source of payment

**Field name:** PAYMENT      **Type:** C      **Width:** 2

**Codes:**

- 01 = None (organization absorbs cost)
- 02 = Personal resources
- 03 = Service contract
- 04 = Blue Cross/Blue Shield
- 05 = CHAMPUS
- 06 = Other commercial health insurance
- 07 = Medicare (Title XVII)
- 08 = Medicaid (Title XIX)
- 09 = VA (Veteran's Administration)
- 10 = Workmen's compensation
- 11 = Other public (government) sources
- 12 = CHIP (Children's Health Ins Prg)
- 97 = Other source of payment
- 98 = Unknown

**Comments:** Required. Indicate the client's principal source of financial support

33 Veterans status

**Field name:** VET\_STATUS      **Type:** C      **Width:** 1

**Codes:**

- Y = Yes
- N = No
- U = Unknown

**Comments:** Required. Indicate whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, etc.)

34 Physical impairment (1 of 2)

**Field name:** HANDICAP\_1      **Type:** C      **Width:** 2

**Codes:**

- 01 = Deafness and blindness
- 02 = Deafness/severe hearing loss
- 03 = Blind/severe vision loss
- 04 = Nonambulatory
- 05 = Ambulatory only w. assistive device
- 06 = Unable to communicate w. verbal speech
- 07 = Traumatic brain injury
- 08 = Major medical condition
- 97 = Other
- 98 = Unknown
- 99 = Not applicable

**Comments:** Required. The "physical impairments" fields (HANDICAP\_x) should be used to indicate physical conditions that may need to be taken into consideration when planning treatment. It is recommended that local data systems have the additional capacity to record specific client medical conditions using International Classification of Diseases (ICD) codes.

**Relational edit:** Handicap\_1 cannot be the same as Handicap\_2, unless Handicap\_1 is 99, not applicable.

35 Physical impairment (2 of 2)

**Field name:** HANDICAP\_2      **Type:** C      **Width:** 2

**Codes:** (See "Physical impairment [1 of 2]" codes)

**Comments:** **Required.** If client does not have a secondary physical impairment, use 99, not applicable.

**Relational edit:** Handicap\_2 cannot be the same as Handicap\_1, unless Handicap\_1 is 99, not applicable.

36 Presenting problem (1 of 2)

**Field name:** PROBLEM\_1      **Type:** C      **Width:** 2

**Codes:**

- 01 = Marital/family problems
- 02 = Social/interpersonal (other than family)
- 03 = Coping w. daily roles
- 04 = Medical/somatic
- 05 = Communication disorders

06 = Depression/mood disorder  
 07 = Attempt/threaten/danger of suicide  
 08 = Alcohol  
 09 = Drugs  
 10 = Eating disorder  
 11 = Thought disorder  
 12 = Abuse/assault/rape victim  
 13 = Abuse/assault/rape perpetrator  
 14 = Involvement w. criminal justice system  
 15 = Runaway behavior  
 97 = Other  
 98 = Unknown

**Comments:** Required. Presenting problems allow clinicians to indicate suspected problem areas at intake, prior to the determination of DSM diagnosis. Different sets of presenting problems are permitted for different service settings (CMHCs, State psychiatric Hospitals, ICF/MRs).

Relational edit: Clients receiving substance abuse treatment must have at least one presenting problem to indicate substance abuse.

### 37 Presenting problem (2 of 2)

**Field name:** PROBLEM\_2      **Type:** C      **Width:** 2

**Codes:** (See "Presenting problem [1 of 2]" codes)  
If there is only one presenting problem, PROBLEM\_2 should be coded as "99".

**Comments:** Required. Presenting problems allow clinicians to indicate suspected problem areas at intake, prior to the determination of DSM diagnosis. Different sets of presenting problems are permitted for different service settings (CMHCs, State psychiatric Hospitals, ICF/MRs).

**Relational edit:** Clients receiving substance abuse treatment must have at least one presenting problem to indicate substance abuse. Problem\_2 cannot be the same as Problem\_1.

### 38 Treatment category (MH, IDD, SA, dual)

**Field name:** DISAB\_CATE      **Type:** N      **Width:** 1

**Codes:**

- 1 = Mental health
- 2 = Intellectual developmental disability
- 3 = Substance abuse
- 4 = MH/IDD (Dual diagnosis)
- 5 = MH/SA (Dual diagnosis)
- 6 = IDD/SA (Dual diagnosis)
- 7 = MH/IDD/SA (Dual diagnosis)
- 8 = Unknown (Dual diagnosis)

**Comments:** Required. This field indicates the client's treatment category or multiple treatment categories if the client is dually diagnosed. In cases of multiple treatment categories, the primary focus of treatment is indicated in the "Primary treatment" (DISAB\_DUAL) field.

**Relational edit:** Codes 4-8 must indicate a primary disability category will be specified in field 39, DISAB\_DUAL.

**Field is cross-checked to fields 36-37, Presenting Problem.** If value of treatment category indicates substance abuse, presenting problem must reflect substance abuse.

**Field is cross-checked to fields 42-43.** If value of treatment category indicates substance abuse, diagnosis must reflect substance abuse.

39 Primary treatment category (if dual)

**Field name:** DISAB\_DUAL                      **Type:** N                      **Width:** 1

**Codes:**  
           1 = Mental health  
           2 = Intellectual and Developmental Disabilities  
           3 = Substance abuse

**Comments:** Required if field 38, treatment category, is between 4 and 8. This field indicates the treatment category that is considered the primary focus of treatment in cases where a client is indicated as dually diagnosed.

**Relational edit:** This field is required if field 38, DISAB\_CATE, is coded as 4-8.

40 Is client seriously mentally ill (Y/N)?

**Field name:** SPMI                              **Type:** C                      **Width:** 1

**Codes:**  
           Y = Yes  
           N = No  
           U = Unknown

**Comments:** Reference [DMH Operational Standards](http://www.dmh.state.ms.us/) for the guidelines on definition of serious/persistent mental illness. DMH Operational Standards can be viewed on the DMH website, <http://www.dmh.state.ms.us/>, under the menu option, PROVIDERS.

41 Is client seriously emotionally disturbed child?

**Field name:** SEDC                              **Type:** C                      **Width:** 1

**Codes:**  
           Y = Yes  
           N = No  
           U = Unknown

**Comments:** Reference [DMH Operational Standards](http://www.dmh.state.ms.us/) for the guidelines on definition of childhood serious emotional disturbance. DMH Operational Standards can be viewed on the DMH website, <http://www.dmh.state.ms.us/>, under the menu option, PROVIDERS.

## 42 Primary Diagnosis

**Field name:** Diagnosis\_1 **Type:** C **Width:** 8

**Codes:** (Refer to DSM-5 classification manual.)

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures. Client must have a primary diagnosis. Field value is dependent on value of field 44, DCS\_ID.

**Relational edit:** Field cannot be blank. Primary diagnosis cannot be the same value as Secondary diagnosis (DSM\_2), field 43. Value should match the codes in the DSM-5 manual. Codes should not be padded with spaces or zeroes.

## 43 Secondary Diagnosis

**Field name:** Diagnosis\_2 **Type:** C **Width:** 8

**Codes:** (Refer to DSM-5 classification manual).  
If no secondary diagnosis, use 999.97, 'No Secondary Diagnosis'.

**Comments:** Required. This field should be updated regularly to assist in assessing outcome measures. Field value is dependent on value of field 44, DCS\_ID.

**Relational edit:** Field cannot be blank. Secondary diagnosis cannot be the same value as field 42, DSM\_1, Primary diagnosis. Value should match the codes in the DSM-5 manual. Codes should not be padded with spaces or zeroes.

## 44 Diagnostic Code Set Identifier

**Field name:** DCS\_ID **Type:** N **Width:** 1

**Codes:**  
5 = DSM-5/ICD-9  
6 = DSM-5/ICD-10

**Comments:** Required. Diagnostic Code Set Identifier will indicate the code set used to report the client's diagnosis.

## 45 Inpatient service code

**Field name:** INPAT\_SERV **Type:** N **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** Not Required. This field and the next four (RESID\_SERV, PARTI\_SERV, OUTPA\_SERV, and CASEM\_SERV) were replaced by the SERVICES dataset. Initially, these were designed to capture the specific services being received by the client. These services are grouped into five basic areas: inpatient, residential, partial day, outpatient, and case management. If a client does not receive services in one or more of these areas, the field is left blank. A complete listing of DMH core service codes is listed in the [SERVICES](#) dataset. Integrated systems must be designed so that the information in these five fields are automatically derived from current (90 day) service ticket data. If a client should receive more than one type of service in a given area, the service code should reflect the greater level of activity.

46 Residential service code

**Field name:** RESID\_SERV                      **Type:** N                      **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** (See "[Inpatient service code](#)" comments)

47 Partial day service code

**Field name:** PARTI\_SERV                      **Type:** N                      **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** (See "[Inpatient service code](#)" comments)

48 Outpatient service code

**Field name:** OUTPA\_SERV                      **Type:** N                      **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** (See "[Inpatient service code](#)" comments)

49 Case management service code

**Field name:** CASEM\_SERV                      **Type:** N                      **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** (See "[Inpatient service code](#)" comments)

50 Discharge date

**Field name:** DIS\_DATE                      **Type:** N                      **Width:** 8

**Comments:** "Discharge date" (DIS\_DATE) indicates the date the client is formally Discharged from the organization. Do NOT use this field if the client is transferring from one program to another within the organization.

**Relational Edit:** Entering a discharge date requires client status (field 6) to be a discharge status (09, 10). Also, discharge data is required in fields 51-54. For SA clients, entering a discharge date will also require discharge data in fields 99-120.

## 51 Discharge status

**Field name:** DIS\_STATUS      **Type:** N      **Width:** 1

**Codes:**

- 1 = Evaluation only
- 2 = Treatment completed
- 3 = Therapist terminated treatment
- 4 = Client referred elsewhere
- 5 = Client terminated treatment
- 6 = Client moved from region
- 7 = Client deceased
- 8 = No contact with client within specified time frame /client eloped

**Comments:** Discharge status indicates the reason the client was formally discharged from the organization. Do NOT use this field if the client is transferring from one program to another within the organization. Field is required if field 50, Discharge Date, is provided.

**Relational Edit:** Field is cross-checked to field 50, Discharge Date.

## 52 Discharge referral category

**Field name:** DIS\_REFER      **Type:** C      **Width:** 2

**Codes:**

- 01 = DMH psychiatric hospital
- 02 = Other MS CMHC
- 03 = DMH IDD facility
- 04 = Private psychiatric hospital
- 05 = Other MH care provider
- 06 = Other IDD care provider
- 07 = Other SA care provider
- 08 = General hospital/other health care provider
- 09 = Self
- 10 = Family/friend
- 11 = School/educational agency
- 12 = Employer/EAP
- 13 = Police/sheriff
- 14 = Court/correctional facility
- 15 = Probation/parole
- 16 = Self help program
- 17 = Vocational rehabilitation/job placement



18 = Nursing home (non-DMH)  
 19 = Boarding home  
 20 = Group home (non-DMH)  
 21 = Other social services agency  
 97 = Other  
 98 = Unknown  
 99 = None

**Comments:** This field indicates the type of provider the clients is being referred to at the time of discharge. It should not reflect the type of provider that is discharging the client. If "Discharge referral category" is 01, 02, or 03 (a DMH operated facility or an in-state CMHC) and the identity of the organization to which referred is known, the "Discharge referral organization code" (DIS\_REF\_OR) should be completed. Field is required if field 50, Discharge Date, is provided.

**Relational Edit:** Field is cross-checked to field 50, Discharge Date.

53 Discharge referral organization code

**Field name:** DIS\_REF\_OR **Type:** N **Width:** 3

**Codes:**

- 101 = CMHC Region 1
- 102 = CMHC Region 2
- 103 = CMHC Region 3
- 104 = CMHC Region 4
- 106 = CMHC Region 6
- 107 = CMHC Region 7
- 108 = CMHC Region 8
- 109 = CMHC Region 9
- 110 = CMHC Region 10
- 111 = CMHC Region 11
- 112 = CMHC Region 12
- 113 = CMHC Region 13
- 114 = CMHC Region 14
- 115 = CMHC Region 15
- 201 = Miss. State Hospital
- 202 = East Miss. State Hospital
- 203 = North Miss. State Hospital
- 204 = South Miss. State Hospital
- 205 = Central Miss. Residential Center
- 206 = Spec. Treatment Facility
- 301 = North Miss. Regional Center
- 302 = Hudspeth Regional Center
- 303 = Boswell Regional Center
- 304 = Ellisville State School
- 305 = South Miss. Regional Center
- 306 = Mississippi Adolescent Center

**Comments:** This field indicates the provider the client is being referred to upon discharge. It should not match field 3, organization code. Required if "Discharge referral category" (DIS\_REFER) entry is 01, 02, or 03.

**Relational edit:** This field can be blank when field 52, Discharge Referral is not 01, 02, or 03.

54 County of residence upon discharge

**Field name:** DIS\_CNTY **Type:** C **Width:** 2

**Codes:** (Refer to [COUNTY data set](#) for a listing of numeric codes.)

**Comments:** Field is required if field 50, Discharge Date, is provided.

**Relational Edit:** Field is cross-checked to field 50, Discharge Date.

55 Medicaid number

**Field name:** MCAID\_NUMBER **Type:** N **Width:** 9

**Comments:** **Not Required.** This field can be blank.

56 State ID

**Field Name:** STATE\_ID **Type:** N **Width:** 9

**Comments:** This number is assigned by Centralized Database System. It is returned to the provider for use as the unique identifier. It can be used for identifying the client in subsequent submissions of core client data rather than using the social security number. Field can be blank if SSN (field 15) is complete.

**Providers should maintain record of the State ID for each client.** Providers can download a list of State IDs from the CDR website by using the menu option Data Submission>Download State IDs. The organization-specific list includes any client that has been submitted to the CDR.

57 Is client receiving integrated treatment?

**Field name:** INTGR\_TREAT **Type:** C **Width:** 1

**Codes:** Y = Yes  
N = No

**Comments:** **Required.** This field indicates whether the client is receiving services for co-occurring disorder (mental health/substance abuse). Client is affected by both a diagnosed mental illness and substance abuse disorder.

58 Is client receiving Assertive Community Treatment (ACT/PACT)?

**Field name:** ACT\_TREAT                      **Type:** C                      **Width:** 1

**Codes:**                      Y = Yes  
                                    N = No

**Comments:**    **Required.** This field indicates whether the client is receiving services through a program of Assertive Community Treatment (PACT). Refer to service code 421, Assertive Community Treatment, for additional description.

59      Program code

**Field name:** PROGRAM\_CODE                      **Type:** C                      **Width:** 4

**Codes:**                      1000 = Inpatient Program (includes Service Codes 100-199)  
                                    2000 = Residential Program (includes Service Codes 200-299)  
                                    3000 = Partial Day Program (includes Service Codes 300-399)  
                                    4000 = Outpatient Program (includes Service Codes 400-499)  
                                    5000 = Case Management Program (includes Service Codes 500-599)  
                                    8888 = Miscellaneous Program (includes Service Codes 600-999)

**Comments:**    **Required.** Field identifies the program under which client receives treatment. A client can be admitted to an organization, enter a program within that organization, exit that program, enter a different program, etc. all within the range of dates from his admission into and discharge from the organization. Refer to [List of Service Codes by Program](#) for details about Programs. The four-digit program number is listed in parenthesis beside each heading.

**Program data can be viewed on the CDR website under Track Participation by selecting 'Program' as the Type of Participation.**

60      Entry date (most current) into program

**Field name:** ENT\_DATE                      **Type:** N                      **Width:** 8

**Comments:**                      Required. Captures entry date to a specific program area. Entry date is compared to "Admission date to organization" (ADM\_DATE, field 7) which captures date of admission to parent organization. Field should be in the format YYYYMMDD.

**Relational edit:**    ENT\_DATE is cross-checked to ADM\_DATE (field 7). ENT\_DATE must be equal to ADM\_DATE or later than ADM\_DATE. ENT\_DATE must be prior to discharge date, DIS\_DATE, field 50.

**Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.**

61      Exit date from program

**Field name:** EXT\_DATE                      **Type:** N                      **Width:** 8

**Comments:** Captures exit date from a specific program area. Field is compared with "Entry Date" (ENT\_DATE) which captures date of entry into program. Field should be in the format YYYYMMDD.

**Relational edit:** EXT\_DATE is cross-checked to ADM\_DATE (field 7) and DIS\_DATE (field 50). EXT\_DATE must be equal to ADM\_DATE or later than ADM\_DATE. EXT\_DATE must be equal to DIS\_DATE or before DIS\_DATE.

**Program exit dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.**

## **Substance Abuse client data subset**

***Data Elements of the Substance Abuse Data Subset***

Field	Field Description	Field Name	Type	Width
<a href="#"><u>1</u></a>	Report date: date information was submitted	RPT_DATE	N	8
<a href="#"><u>2</u></a>	Record transaction type (add, change, delete)	RCD_TRAN	N	1
<a href="#"><u>3</u></a>	Organization code	ORG_CODE	N	3
<a href="#"><u>4</u></a>	Program location code	LOC_CODE	C	4
<a href="#"><u>5</u></a>	Unique client ID within organization	CLI_ORG_ID	C	9
<a href="#"><u>6</u></a>	Client status	CLI_STATUS	C	2
<a href="#"><u>7</u></a>	Admission date (most recent) to organization	ADM_DATE	N	8
<a href="#"><u>8</u></a>	Admission type(primary, collateral, unregistr)	ADM-TYPE	N	1
<a href="#"><u>9</u></a>	Admission referral category	ADM-REFER	C	2
<a href="#"><u>10</u></a>	Admission referral organization code (DMH only)	ADM-REF-OR	N	3
<a href="#"><u>11</u></a>	Legal status of client at admission	LEG_STATUS	N	1
<a href="#"><u>12</u></a>	Client last name	LAST_NAME	C	15
<a href="#"><u>13</u></a>	Client first name	FIRST_NAME	C	15
<a href="#"><u>14</u></a>	Client maiden name (if applicable)	MAID_NAME	C	15
<a href="#"><u>15</u></a>	Social Security number (unique client identifier)	SS_NUMBER	N	9
<a href="#"><u>16</u></a>	Birth date	BIRTH_DATE	N	8
<a href="#"><u>17</u></a>	Age of client (calculated from birthdate)	AGE	N	3
<a href="#"><u>18</u></a>	Sex	SEX	C	1
<a href="#"><u>19</u></a>	Race	RACE	C	1

Field	Field Description	Field Name	Type	Width
<a href="#">20</a>	Hispanic origin	HISPANIC	C	1
<a href="#">21</a>	Education level: last grade completed	EDUCATION	C	2
<a href="#">22</a>	Marital status	MARITAL	C	1
<a href="#">23</a>	County of residence prior to admission	ADM_CNTY	C	2
<a href="#">24</a>	Living arrangement	LIVING_ARR	N	1
<a href="#">25</a>	Type of residence	RESID_ARR	C	2
<a href="#">26</a>	Employment status	EMPLOYMENT	C	2
<a href="#">27</a>	Primary source of household income	INCOME_SRC	N	1
<a href="#">28</a>	Household annual income amount	INCOME_HOU	N	6
<a href="#">29</a>	No. of persons in household dependent on income	INCOME_DEP	N	2
<a href="#">30</a>	Eligibility for SSI/SSDI	ELIG_SSI	N	1
<a href="#">31</a>	Eligibility for Medicaid	ELIG_MCAID	N	1
<a href="#">32</a>	Expected principal source of payment	PAYMENT	C	2
<a href="#">33</a>	Veterans status	VET_STATUS	C	1
<a href="#">34</a>	Physical impairment (1 of 2)	HANDICAP_1	C	2
<a href="#">35</a>	Physical impairment (2 of 2)	HANDICAP_2	C	2
<a href="#">36</a>	Presenting problem (1 of 2)	PROBLEM_1	C	2
<a href="#">37</a>	Presenting problem (2 of 2)	PROBLEM_2	C	2
<a href="#">38</a>	Treatment category (MH, IDD, SA, dual)	DISAB_CATE	N	1
<a href="#">39</a>	Primary treatment category (if dual)	DISAB_DUAL	N	1
<a href="#">40</a>	Is client seriously mentally ill? (Y/N)?	SPMI	C	1

Field	Field Description	Field Name	Type	Width
<a href="#">41</a>	Is client seriously emotionally disturbed child?	SEDC	C	1
<a href="#">42</a>	Primary Diagnosis	DSM_1	C	6
<a href="#">43</a>	Secondary Diagnosis	DSM_2	C	6
<a href="#">44</a>	Diagnostic Code Set Identifier	DCS_ID	N	1
<a href="#">45</a>	Inpatient service code	INPAT_SERV	N	3
<a href="#">46</a>	Residential service code	RESID_SERV	N	3
<a href="#">47</a>	Partial day service code	PARTI_SERV	N	3
<a href="#">48</a>	Outpatient service code	OUTPA_SERV	N	3
<a href="#">49</a>	Case management service code	CASEM_SERV	N	3
<a href="#">50</a>	Discharge date	DIS_DATE	N	8
<a href="#">51</a>	Discharge status	DIS_STATUS	N	1
<a href="#">52</a>	Discharge referral category	DIS_REFER	C	2
<a href="#">53</a>	Discharge referral organization code (DMH only)	DIS_REF_OR	N	3
<a href="#">54</a>	County of residence upon discharge	DIS_CNTY	C	2
<a href="#">55</a>	Medicaid number	MCAID_NUMBER	N	9
<a href="#">56</a>	State ID (Generated by CDR upon 1 <sup>st</sup> submission)	STATE_ID	N	9
<a href="#">57</a>	Client receives integrated treatment	INTGR_TREAT	C	1
<a href="#">58</a>	Indicates whether client receives ACT/PACT Assertive Community Treatment	ACT_TREAT	C	1
<a href="#">59</a>	Program under which client receives treatment	PROGRAM_CODE	C	4
<a href="#">60</a>	Entry date (most current) into program	ENT_DATE	N	8
<a href="#">61</a>	Program exit date	EXT_DATE	N	8



Field	Field Description	Field Name	Type	Width
<a href="#">62</a>	Entry date (most current) into program	SA_ENT_DATE	N	8
<a href="#">63</a>	Days client waited to begin treatment	DAYS_WAIT	N	3
<a href="#">64</a>	Number of prior treatment episodes	NUM_PRIOR	N	1
<a href="#">65</a>	Prior treatment in facility in last year	PRIOR_TX	C	1
<a href="#">66</a>	State of residence	STATE	C	2
<a href="#">67</a>	Client monthly income amount	INCOME_PER	N	5
<a href="#">68</a>	Health insurance (1 of 2)	INSURAN_1	N	2
<a href="#">69</a>	Health insurance (2 of 2)	INSURAN_2	N	2
<a href="#">70</a>	Is client pregnant at time of admission (Y/N)?	PREGNANT	C	1
<a href="#">71</a>	Psychiatric problem in addition to SA(Y/N)?	PSYCHIAT	C	1
<a href="#">72</a>	Number of arrests in last 30 days	ARRESTS	N	2
<a href="#">73</a>	Type of arrests (1 of 3)	TYPE_ARR_1	N	2
<a href="#">74</a>	Type of arrests (2 of 3)	TYPE_ARR_2	N	2
<a href="#">75</a>	Type of arrests (3 of 3)	TYPE_ARR_3	N	2
<a href="#">76</a>	DUI offender	DUI	N	1
<a href="#">77</a>	Criminal justice referral	JUS_REFER	N	2
<a href="#">78</a>	Use of Methadone as part of treatment (Y/N)?	METHADONE	C	1
<a href="#">79</a>	Substance problem code (1 of 3)	SUB_CODE_1	N	2
<a href="#">80</a>	Substance problem code (2 of 3)	SUB_CODE_2	N	2
<a href="#">81</a>	Substance problem code (3 of 3)	SUB_CODE_3	N	2
<a href="#">82</a>	Detailed drug code (1 of 3)	DETAIL_1	N	4

Field	Field Description	Field Name	Type	Width
<a href="#">83</a>	Detailed drug code (2 of 3)	DETAIL_2	N	4
<a href="#">84</a>	Detailed drug code (3 of 3)	DETAIL_3	N	4
<a href="#">85</a>	Usual route of administration (1 of 3)	RT_ADMIN_1	N	2
<a href="#">86</a>	Usual route of administration (2 of 3)	RT_ADMIN_2	N	2
<a href="#">87</a>	Usual route of administration (3 of 3)	RT_ADMIN_3	N	2
<a href="#">88</a>	Frequency of use (1 of 3)	FREQ_USE_1	N	2
<a href="#">89</a>	Frequency of use (2 of 3)	FREQ_USE_2	N	2
<a href="#">90</a>	Frequency of use (3 of 3)	FREQ_USE_3	N	2
<a href="#">91</a>	Age of first use of substance (1 of 3)	FRST_USE_1	N	2
<a href="#">92</a>	Age of first use of substance (2 of 3)	FRST_USE_2	N	2
<a href="#">93</a>	Age of first use of substance (3 of 3)	FRST_USE_3	N	2
<a href="#">94</a>	Services associated with after care (1 of 3)	AFT_CARE_1	N	2
<a href="#">95</a>	Services associated with after care (2 of 3)	AFT_CARE_2	N	2
<a href="#">96</a>	Services associated with after care (3 of 3)	AFT_CARE_3	N	2
<a href="#">97</a>	Vocational rehabilitation status	VOC_REHAB	N	1
<a href="#">98</a>	Program exit date	SA_EXT_DATE	N	8
<a href="#">99</a>	Discharge date from substance abuse treatment	SA_DIS_DATE	N	8
<a href="#">100</a>	County of residence upon discharge	SA_DIS_CNTY	N	2
<a href="#">101</a>	Discharge status	SA_DIS_STATUS	N	1
<a href="#">102</a>	Discharge referral category	SA_DIS_REFER	N	2
<a href="#">103</a>	Discharge referral org. code (DMH only)	SA_DIS_REF_OR	N	3

Field	Field Description	Field Name	Type	Width
<a href="#">104</a>	Has client drug involvement improved (Y/N)?	DRUG_IMPRO	C	1
<a href="#">105</a>	Has client dysfunctional level improved (Y/N)?	DYSF_IMPRO	C	1
<a href="#">106</a>	Has client dependency level improved (Y/N)?	DEPE_IMPRO	C	1
<a href="#">107</a>	Program exit substance abuse problem code 1	EXT_SUB_1	N	2
<a href="#">108</a>	Program exit substance abuse problem code 2	EXT_SUB_2	N	2
<a href="#">109</a>	Program exit substance abuse problem code 3	EXT_SUB_3	N	2
<a href="#">110</a>	Program exit frequency of use (1 of 3)	EXT_FREQ_1	N	1
<a href="#">111</a>	Program exit frequency of use (2 of 3)	EXT_FREQ_2	N	1
<a href="#">112</a>	Program exit frequency of use (3 of 3)	EXT_FREQ_3	N	1
<a href="#">113</a>	Living arrangement at discharge	DIS_LIVING	N	1
<a href="#">114</a>	Type of residence at discharge	DIS_RESID	N	2
<a href="#">115</a>	Education at discharge	DIS_EDUC	N	2
<a href="#">116</a>	Employment at discharge	DIS_EMPLOY	N	2
<a href="#">117</a>	No. of arrests in the last 30 days at discharge	DIS_ARRESTS	N	2
<a href="#">118</a>	Type of arrests I at discharge (1 of 3)	DIS_TYPARR1	N	2
<a href="#">119</a>	Type of arrests II at discharge (2 of 3)	DIS_TYPARR2	N	2
<a href="#">120</a>	Type of arrests III at discharge (3 of 3)	DIS_TYPARR3	N	2
<a href="#">121</a>	Entry date (most current) into program	ENTSA_DATE	N	8

## ***Substance Abuse Data Subset Data Dictionary***

Definitions for fields 1-61 are located in the Core Client Data Dictionary

62 Entry date (most current) into SA program

**Field name:** SA\_ENT\_DATE      **Type:** N      **Width:** 8

**Comments:** Required. Captures entry date to a substance abuse program. SA program entry date is compared with "Admission date to organization" (ADM\_DATE), field 7, which captures date of admission to parent organization. Field should be in the format YYYYMMDD.

**Relational edit:** ENT\_DATE is cross-checked to ADM\_DATE (field 7). ENT\_DATE must be equal to ADM\_DATE or later than ADM\_DATE. ENT\_DATE must be prior to discharge date, DIS\_DATE, field 50. Substance abuse program entry date should be equal to field 60, ENT\_DATE.

**Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.**

63 Days client waited to begin treatment

**Field name:** DAYS\_WAIT      **Type:** N      **Width:** 3

**Codes:** 000-996 = Days Waiting  
998 = Unknown

**Comments:** Required. Field indicates the number of days from the first contact or request for services until the client was admitted and the first clinical service was provided.

64 Number of prior treatment episodes

**Field name:** NUM\_PRIOR      **Type:** N      **Width:** 1

**Codes:** 0 = None  
1 = 1 previous episode  
2 = 2 previous episodes  
3 = 3 previous episodes  
4 = 4 previous episodes  
5 = 5 or more previous episodes  
8 = Unknown

**Comments:** Required. Field indicates the number of previous treatments the client has received in any drug or alcohol program. Changes in service for the same episode should NOT be counted as separate prior episodes. It is preferred that the number of prior treatments be a self-reporting field and is collected at the time of client intake.

65 Prior treatment in facility in last year (Y/N)?

	<b>Field name:</b> PRIOR_TX <b>Type:</b> C <b>Width:</b> 1  <b>Codes:</b> Y = Yes N = No U = Unknown  <b>Comments:</b> Required. Field indicates if the client received treatment in facility in the past year.
66	State of residence  <b>Field name:</b> STATE <b>Type:</b> C <b>Width:</b> 2  <b>Codes:</b> (Refer to <a href="#">STATES data set</a> for two character postal abbreviation for states.)  <b>Comments:</b> Required. Field indicates the client's State of residence. This field should be updated regularly.
67	Client monthly income amount  <b>Field name:</b> INCOME_PER <b>Type:</b> N <b>Width:</b> 5  <b>Codes:</b> (Numeric value between 0 and 99999)  <b>Comments:</b> Required. This field captures the client's average monthly income. This field differs from field 28, "Household annual income amount". Field 28, INCOME_HOU, captures the annual income for the household of which the client is a member. This field should be updated regularly.
68	Health insurance (1 of 2)  <b>Field name:</b> INSURAN_1 <b>Type:</b> C <b>Width:</b> 2  <b>Codes:</b> 01 = Private insurance 02 = Blue Cross/Blue Shield 03 = Medicare 04 = Medicaid 05 = Health Maintenance Organization (HMO) 97 = Other (e.g., CHAMPUS) 98 = Unknown 99 = None  <b>Comments:</b> REQUIRED. This field provides information on specific client health insurance as separate from expected source of payment.
69	Health insurance (2 of 2)  <b>Field name:</b> INSURAN_2 <b>Type:</b> N <b>Width:</b> 2

**Codes:** (See "Health insurance [1 of 2]" codes)

**Comments:** REQUIRED. This field provides information on specific client health insurance as separate from expected source of payment.

**Relational edit:** INSURAN\_2 cannot be the same as INSURAN\_1, unless Insurance is None (99).

70 Is client pregnant at time of admission(Y/N)?

**Field name:** PREGNANT **Type:** C **Width:** 1

**Codes:** Y = Yes  
N = No

U = Unknown

**Relational Edit:** Field is cross-checked to Sex/Gender, field 18. Pregnant cannot be Y when field 18, Sex/Gender, is Unknown or Male. 71 MH/Psychiatric problems in addition to Substance Abuse (Y/N)?

**Field name:** PSYCHIAT **Type:** C **Width:** 1

**Codes:** Y = Yes  
N = No  
U = Unknown

**Comments:** REQUIRED. This field indicates whether the client has co-occurring substance abuse and mental health problems.

72 Number of arrests in last 30 days

**Field name:** ARRESTS **Type:** N **Width:** 2

**Codes:** 00 = None  
01-96 = Number of Arrest  
98 = Unknown

**Comments:** Required. This field indicates the number of arrests the client has received in the 30 days prior to beginning of treatment.

73 Type of arrests (1 of 3)

**Field name:** TYP\_ARR\_1 **Type:** N **Width:** 2

**Codes:** 01 = None  
02 = Public drunkenness  
03 = DUI  
04 = Drug violation

05 = Other SA offense  
 06 = Other - SA related  
 07 = Other - not SA related  
 98 = Unknown

**Comments:** Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

**Relational edit:** Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

74 Type of arrests (2 of 3)

**Field Name:** TYP\_ARR\_2      **Type:** N      **Width:** 2

**Codes:** (See "Type of arrest [1 of 3]" codes)

**Comments:** Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

**Relational Edit:** TYP\_ARR\_2 cannot be the same as TYP\_ARR\_1 or TYP\_ARR\_3, unless None (01). Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

75 Type of arrests (3 of 3)

**Field name:** TYP\_ARR\_3      **Type:** N      **Width:** 2

**Codes:** (See "Type of arrest [1 of 3]" codes)

**Comments:** Required. Enter the type of arrest client has received in the 30 days prior to beginning of treatment.

**Relational Edit:** TYP\_ARR\_3 cannot be the same as TYP\_ARR\_1 or TYP\_ARR\_2, unless None (01). Field is cross-checked to field 76, DUI. If type of arrest is 03 (DUI) then field 76, DUI, cannot be 9.

76 DUI offender

**Field name:** DUI      **Type:** N      **Width:** 1

**Codes:**  
 1 = First time DUI  
 2 = 2 or more DUI, assessed  
 3 = 2 or more DUI, not assessed  
 9 = Not applicable

## 77 Criminal justice referral

**Field name:** JUS\_REFER      **Type:** C      **Width:** 2

**Codes:** 01 = State/federal court  
 02 = Formal adjudication process (other than state/federal)  
 03 = Probation/parole  
 04 = Other legal entity  
 05 = Diversionary program  
 06 = Prison  
 07 = DUI/DWI  
 97 = Other  
 98 = Unknown  
 99 = Not applicable

**Comments:** Required. This field provides information about clients that have an involuntary legal status, field 11, LEG\_STATUS.

**Relational Edit:** If JUS\_REFER = "07" (DUI/DWI), the field 76, DUI, cannot be Not Applicable (9).

## 78 Use of Opioid Replacement Therapy as part of treatment?

**Field name:** METHADONE      **Type:** C      **Width:** 1

**Codes:** Y = Yes  
 N = No  
 U = Unknown

**Comments:** Required. This field indicates whether the use of opioid medications such as methadone or buprenorphine is part of the client's treatment plan.

## 79 Substance problem code (1 of 3)

**Field name:** SUB\_CODE\_1      **Type:** C      **Width:** 2

**Codes:** 02 = Alcohol  
 03 = Cocaine/crack  
 04 = Marijuana/Hashish  
 05 = Heroin  
 06 = Non-prescription methadone  
 07 = Other opiates and synthetics  
 08 = PCP (Phencyclidine)  
 09 = Other hallucinogens  
 10 = Methamphetamine  
 11 = Other amphetamines  
 12 = Other stimulants  
 13 = Benzodiazepine



14 = Other tranquilizers  
 15 = Barbiturates  
 16 = Other sedatives or hypnotics  
 17 = Inhalants  
 18 = Over-the-counter  
 20 = Other  
 98 = Unknown

**Comments:** Required.

**Relational edit:** SUB\_CODE\_1 is cross-checked to DETAIL\_1. SUB\_CODE\_1 must match the first two digits of DETAIL\_1.

80 Substance problem code (2 of 3)

**Field name:** SUB\_CODE\_2      **Type:** C      **Width:** 2

**Codes:** (See "Substance problem code [1 of 3]")  
 If client does not have a secondary substance problem, use '01', None/Not applicable.

**Comments:** Required.

**Relational edit:** SUB\_CODE\_2 is cross-checked to DETAIL\_2. SUB\_CODE\_2 must match the first two digits of DETAIL\_2. If SUB\_CODE\_2 is 01 (None), then the following fields should be Not Applicable:  
 RT\_ADMIN\_2 (field 86)  
 FREQ\_USE\_2 (field 89)  
 FRST\_USE\_2 (field 92)  
 DETAIL\_2 (field 83)

81 Substance problem code (3 of 3)

**Field name:** SUB\_CODE\_3      **Type:** C      **Width:** 2

**Codes:** (See "Substance problem code [1 of 3]")  
 If client does not have a tertiary substance problem, use '01', None/Not applicable.

**Comments:** Required.

**Relational edit:** SUB\_CODE\_3 is cross-checked to DETAIL\_3. SUB\_CODE\_3 must match the first two digits of DETAIL\_3. If SUB\_CODE\_3 is 01 (None), then the following fields should be Not Applicable:  
 RT\_ADMIN\_3 (field 87)  
 FREQ\_USE\_3 (field 90)  
 FRST\_USE\_3 (field 93)

## DETAIL\_3 (field 84)

82 Detailed drug code (1 of 3)

<b>Field name:</b>	DETAIL_1	<b>Type:</b> C	<b>Width:</b> 4
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<b>Codes:</b>	0201 = Alcohol 0301 = Crack 0302 = Other cocaine 0401 = Marijuana/hashish 0501 = Heroin/morphine 0601 = Methadone 0701 = Codeine 0702 = Propoxyphene (Darvon) 0703 = Oxycodone (Oxycontin) 0704 = Meperidine Demerol 0705 = Hydromorphone (Dilaudid) 0706 = Other narcotic analgesics 0707 = Pentazocine (Talwin) 0708 = Hydrocodone (Vicodin) 0709 = Tramadol (Ultram) 0710 = Buprenorphine (Subutex, Suboxone) 0801 = PCP or PCP combinations 0901 = LSD 0902 = Other hallucinogens 1001 = Methamphetamine/speed 1101 = Amphetamine 1103 = Methylenedioxymethamphetamine (MDMA, Ecstasy) 1109 = Other amphetamines 1201 = Other stimulants 1202 = Methylphenidate (Ritalin) 1301 = Alprazolam (Xanax) 1302 = Chlordiazepoxide (Librium) 1303 = Clorzepate (Tranxene) 1304 = Diazepam (Valium) 1305 = Flurazepam (Dalmane) 1306 = Lorazepam (Ativan) 1307 = Triazolam (Halcion) 1308 = Other benzodiazepines 1309 = Flunitrazepam (Rohypnol) 1310 = Clonazepam (Klonopin, Rivotril) 1401 = Meprobamate (Miltown) 1403 = Other tranquilizer 1501 = Phenobarbital 1502 = Secobarbital/Amobarbital (Tuinal) 1503 = Secobarbital (Seconal) 1509 = Other barbiturate sedatives 1601 = Ethchlorvynol (Placidyl)
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1602 = Glutethimide (Doriden)  
 1603 = Methaqualone  
 1604 = Other non-barbiturate sedatives  
 1701 = Aerosols  
 1702 = Nitrites  
 1703 = Other inhalants  
 1704 = Solvents  
 1705 = Anesthetics  
 1801 = Diphenhydramine  
 1809 = Other over-the-counter  
 2001 = Diphenylhydantoin/Phenytoin (Dilantin)  
 2002 = Other drugs  
 2003 = GHB/GBL (Gamma-hydroxybutyrate, gamma-butyrolactone)  
 2004 = Ketamine (Special K)  
 9998 = Unknown

**Comments:** Required.

**Relational edit:** DETAIL\_1 is cross-checked to SUB\_CODE\_1. SUB\_CODE\_1 must match the first two digits of DETAIL\_1. Primary detail drug code (DETAIL\_1) cannot be the same as secondary (DETAIL\_2) or tertiary (DETAIL\_3) detail drug code.

83 Detailed Drug Code (2 of 3)

**Field name:** DETAIL\_2      **Type:** C      **Width:** 4

**Codes:** (See "Detailed drug code [1 of 3]")  
If client does not have a secondary detail drug code, use '9999', Not applicable.

**Comments:** Required.

**Relational edit:** DETAIL\_2 is cross-checked to SUB\_CODE\_2. SUB\_CODE\_2 must match the first two digits of DETAIL\_2. Secondary detail drug code (DETAIL\_2) cannot be the same as primary (DETAIL\_1) or tertiary (DETAIL\_3) detail drug code.

84 Detailed drug code (3 of 3)

**Field name:** DETAIL\_3      **Type:** C      **Width:** 4

**Codes:** (See "Detailed drug code [1 of 3]")  
If client does not have a tertiary detail drug code, use '9999', Not applicable.

**Comments:** Required.

**Relational edit:** DETAIL\_3 is cross-checked to SUB\_CODE\_3. SUB\_CODE\_3 must match the first two digits of DETAIL\_3. Tertiary detail drug code (DETAIL\_3) cannot be the same as primary (DETAIL\_1) or secondary (DETAIL\_2) detail drug code.

85 Usual route of administration (1 of 3)

	<b>Field name:</b>	RT_ADMIN_1	<b>Type:</b> N	<b>Width:</b> 1
	<b>Codes:</b>	1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Suppositories 7 = Other 8 = Unknown		
	<b>Comments:</b>	Required.		
86	Usual route of administration (2 of 3)			
	<b>Field name:</b>	RT_ADMIN_2	<b>Type:</b> N	<b>Width:</b> 1
	<b>Codes:</b>	(See "Usual route of administration [1 of 3]" codes) If client does not have a secondary drug problem, use '9', Not applicable.		
	<b>Comments:</b>	Required.		
	<b>Relational Edit:</b>	Field is crosschecked to field 80, SUB_CODE_2. If secondary substance problem (SUB_CODE_2) is None (01), then RT_ADMIN_2 must be 9, Not applicable.		
87	Usual route of administration (3 of 3)			
	<b>Field name:</b>	RT_ADMIN_3	<b>Type:</b> N	<b>Width:</b> 2
	<b>Codes:</b>	(See "Usual route of administration [1 of 3]" codes) If client does not have a tertiary drug problem, use '9', Not applicable.		
	<b>Comments:</b>	Required.		
	<b>Relational Edit:</b>	Field is crosschecked to field 81, SUB_CODE_3. If tertiary substance problem (SUB_CODE_3) is None (01), then RT_ADMIN_3 must be 9, Not applicable.		
88	Frequency of use (1 of 3)			
	<b>Field name:</b>	FREQ_USE_1	<b>Type:</b> N	<b>Width:</b> 2
	<b>Codes:</b>	1 = No use in past month 2 = 1-3 times past month 3 = 1-2 times/wk past month 4 = 3-6 times/wk past month		

5 = Daily past month  
 6 = 2-3 times daily past month  
 7 = 3+ times daily past month  
 8 = Unknown

**Comments:** Required.

89 Frequency of use (2 of 3)

**Field name:** FREQ\_USE\_2      **Type:** N      **Width:** 2

**Codes:** (See "Frequency of use [1 of 3]" codes)  
 If client does not have a secondary drug problem, use 9, Not applicable.

**Comments:** Required.

**Relational Edit:** Field is crosschecked to field 80, SUB\_CODE\_2. If secondary substance problem (SUB\_CODE\_2) is None (01), then FREQ\_USE\_2 must be 9, Not applicable.

90 Frequency of use (3 of 3)

**Field name:** FREQ\_USE\_3      **Type:** N      **Width:** 2

**Codes:** (See "Frequency of use [1 of 3]" codes)  
 If client does not have a tertiary drug problem, use 9, Not applicable.

**Comments:** Required.

**Relational Edit:** Field is crosschecked to field 81, SUB\_CODE\_3. If tertiary substance problem (SUB\_CODE\_3) is None (01), then FREQ\_USE\_3 must be 9, Not applicable.

91 Age of first use of substance (1 of 3)

**Field name:** FRST\_USE\_1      **Type:** N      **Width:** 2

**Codes:** 00 = Newborn with substance dependency problem  
 01-94 = Age (in years) of first use  
 95 = 95 or older  
 98 = Unknown

**Comments:** Required. NIDA: "For drugs other than alcohol, this field identifies the first use of the substance... For alcohol, this field records the age of first intoxication."

**Relational edit:** Age of first use cannot be greater than the client's age.

92 Age of first use of substance (2 of 3)

	<b>Field name:</b>	FRST_USE_2	<b>Type:</b> N	<b>Width:</b> 2
	<b>Codes:</b>	(See "Age of first use of substance [1 of 3]" codes) If client does not have a secondary drug problem, use 96, Not applicable.		
	<b>Comments:</b>	Required. NIDA: "For drugs other than alcohol, this field identifies the first use of the substance... For alcohol, this field records the age of first intoxication."		
	<b>Relational edit:</b>	Age of first use cannot be greater than the client's age. Field is crosschecked to secondary substance problem (SUB_CODE_2). If SUB_CODE_2 (field 80) is "01" (None), then FRST_USE_2 should be 96.		
93	Age of first use of substance (3 of 3)			
	<b>Field name:</b>	FRST_USE_3	<b>Type:</b> N	<b>Width:</b> 2
	<b>Codes:</b>	(See "Age of first use of substance [1 of 3]" codes) If client does not have a tertiary drug problem, use 96, Not applicable.		
	<b>Comments:</b>	Required. NIDA: "For drugs other than alcohol, this field identifies the first use of the substance... For alcohol, this field records the age of first intoxication."		
	<b>Relational edit:</b>	Age of first use cannot be greater than the client's age. Field is crosschecked to secondary substance problem (SUB_CODE_3).If SUB_CODE_3 (field 81) is "01" (None), then FRST_USE_3 should be 96.		
94	Services associated with after care (1 of 3)			
	<b>Field name:</b>	AFT_CARE_1	<b>Type:</b> C	<b>Width:</b> 2
	<b>Codes:</b>	01 = Individual counseling 02 = Group counseling 03 = Family counseling 04 = Alcoholics Anonymous 05 = Education 06 = Transitional residential treatment 07 = Employment 08 = Medical 09 = Other mental health center 10 = Legal 97 = Other 98 = Unknown 99 = None/Not applicable		

- Comments:** Required. This field indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.
- 95 Services associated with after care (2 of 3)
- Field name:** AFT\_CARE\_2      **Type:** C      **Width:** 2
- Codes:** (See "Services associated with after care [1 of 3]" codes)
- Comments:** Required. This field indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.
- 96 Services associated with after care (3 of 3)
- Field name:** AFT\_CARE\_3      **Type:** C      **Width:** 2
- Codes:** (See "Services associated with after care [1 of 3]" codes)
- Comments:** Required. This field indicates the service(s) to be provided to the client in conjunction with after care. Update as necessary during enrollment in after care.
- 97 Vocational rehabilitation status
- Field name:** VOC\_REHAB      **Type:** N      **Width:** 1
- Codes:**
- 1 = Client receives employment related VR services ONLY
  - 2 = Client receives maintenance support ONLY (Transitional residential treatment)
  - 3 = Client receives BOTH employment related services and maintenance support
  - 8 = Unknown
  - 9 = Not applicable (client receives no VR services)
- Comments:** Required. A client may receive services through the Mississippi Department of Vocational Rehabilitation Services. Employment related services include training and job placement. Clients may also receive maintenance support payments while residing in transitional residential treatment programs. Update as necessary during enrollment in treatment services.
- 98 Program exit date
- Field name:** SA\_EXT\_DATE      **Type:** N      **Width:** 8
- Comments:** Program exit date (EXT\_DATE) indicates the date the client leaves substance abuse program. In organizations operating a single program this is the same as organization "Discharge date" and substance abuse treatment discharge date

(SA\_DIS\_DATE). In larger organizations, however, a client may exit from one program and enter another program without being discharged from the overall organization or discharged from substance abuse treatment.

**Relational edit:** SA\_EXT\_DATE is cross-checked to ADM\_DATE and DIS\_DATE. Substance abuse program exit date should be equal to field 61, SA\_EXT\_DATE. SA\_EXT\_DATE must be equal to or after ADM\_DATE. SA\_EXT\_DATE must be equal or before DIS\_DATE. Program entry dates that are inconsistent with admission dates, discharge dates, or other program dates of the same program code level may result in data errors.

99 Discharge date from substance abuse treatment

**Field name:** SA\_DIS\_DATE **Type:** N **Width:** 8

**Comments:** "Discharge date from substance abuse treatment" (SA\_DIS\_DATE) indicates the date the client is formally discharged from substance abuse treatment. Client can be discharge from SA without being discharge from the organization. Substance Abuse Treatment Category data can be viewed on the CDR website under Track Participation by selecting 'Treatment Category' as the Type of Participation.

**Relational Edit:** If field 22, discharge date, is provided, then SA discharge date is required as well as the 23 discharge data fields for SA (fields 99-121). If field 99, SA discharge date, is provided then the 23 discharge data fields for SA are required (fields 99-121). Treatment category entry dates that are inconsistent with admission dates, discharge dates, treatment category dates, or program dates may result in data errors.

100 County of residence upon discharge

**Field name:** SA\_DIS\_CNTY **Type:** C **Width:** 2

**Codes:** (Refer to [COUNTY data set](#) for a listing of numerical codes.)

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE). Similar information is collected in field 54 of the Core Client data set "County of residence upon discharge" (DIS\_CNTY).

101 Discharge status (transfer, adm discont, dis/ref)

**Field name:** SA\_DIS\_STAT **Type:** N **Width:** 1

**Codes:**  
 1 = Evaluation only  
 2 = Treatment completed  
 3 = Therapist terminated treatment  
 4 = Client referred elsewhere



5 = Client terminated treatment  
 6 = Client moved from region  
 7 = Client deceased  
 8 = No contact with client within specified time frame

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).  
 This field indicates the status of the client at the end of SA treatment. Field defines the reason for transfer, discontinuation, discharge, or referral from SA program. Similar information collected in Core Client data set "Discharge status" (field 51, DIS\_STATUS). SA\_DIS\_STAT is the reason for discharge from the SA program whereas DIS\_STATUS (field [51](#)) is the reason for discharge from the organization.

102 Discharge referral category

**Field name:** SA\_DIS\_REFERER      **Type:** C      **Width:** 2

**Codes:**

- 01 = DMH psychiatric hospital
- 02 = Other MS CMHC
- 03 = DMH IDD facility
- 04 = Private psychiatric hospital
- 05 = Other MH care provider
- 06 = Other IDD care provider
- 07 = Other SA care provider
- 08 = General hospital/other health care provider
- 09 = Self
- 10 = Family/friend
- 11 = School/educational agency
- 12 = Employer/EAP
- 13 = Police/sheriff
- 14 = Court/correctional facility
- 15 = Probation/parole
- 16 = Self-help program
- 17 = Vocational rehabilitation/ job placement
- 97 = Other
- 98 = Unknown

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE). Similar information is collected in field 52 of the core client data set "Discharge referral category" ([DIS REFER](#)).

103 Discharge referral organization code

**Field name:** SA\_DIS\_REF\_OR      **Type:** N      **Width:** 3

**Codes:** 101 = CMHC Region 1

102 = CMHC Region 2  
 103 = CMHC Region 3  
 104 = CMHC Region 4  
 106 = CMHC Region 6  
 107 = CMHC Region 7  
 108 = CMHC Region 8  
 109 = CMHC Region 9  
 110 = CMHC Region 10  
 111 = CMHC Region 11  
 112 = CMHC Region 12  
 113 = CMHC Region 13  
 114 = CMHC Region 14  
 115 = CMHC Region 15  
 201 = Miss. State Hospital  
 202 = East Miss. State Hospital  
 203 = North Miss. State Hospital  
 204 = South Miss. State Hospital  
 205 = Central Miss. Residential Center  
 206 = Spec. Treatment Facility  
 301 = North Miss. Regional Center  
 302 = Hudspeth Regional Center  
 303 = Boswell Regional Center  
 304 = Ellisville State School  
 305 = South Miss. Regional Center  
 306 = Mississippi Adolescent Center

**Comments:** Required if "Discharge referral category" field 103 (SA\_DIS\_REFER) entry is 01, 02, or 03. Similar information is collected in field 53 of the core client data set "Discharge referral organization code" ([DIS\\_REF\\_OR](#)).

**Relational edit:** If field 102, SA discharge referral category is not 01, 02, or 03, this field can be blank.

104 Has client drug involvement improved(Y/N)?

**Field name:** DRUG\_IMPRO **Type:** C **Width:** 1

**Codes:**  
 Y = Yes  
 N = No  
 U = Unknown

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

105 Has client dysfunctional level improved (Y/N)?

**Field name:** DYSF\_IMPRO **Type:** C **Width:** 1

<b>Codes:</b> Y = Yes N = No U = Unknown			
<b>Comments:</b> Required if client is discharged from substance abuse treatment (field 99, SA_DIS_DATE).			
106	Has client dependency level improved (Y/N)?		
<b>Field name:</b>	DEPE_IMPROV	<b>Type:</b> C	<b>Width:</b> 1
<b>Codes:</b> Y = Yes N = No U = Unknown			
<b>Comments:</b> Required if client is discharged from substance abuse treatment (field 99, SA_DIS_DATE).			
107	Program exit substance abuse problem code (1 of 3)		
<b>Field name:</b>	EXT_SUB_1	<b>Type:</b> N	<b>Width:</b> 2
<b>Codes:</b> 01 = None 02 = Alcohol 03 = Cocaine/crack 04 = Marijuana/Hashish 05 = Heroin 06 = Non-prescription methadone 07 = Other opiates and synthetics 08 = PCP (Phencylidine) 09 = Other hallucinogens 10 = Methamphetamine 11 = Other amphetamines 12 = Other stimulants 13 = Benzodiazepine 14 = Other tranquilizers 15 = Barbiturates 16 = Other sedatives or hypnotics 17 = Inhalants 18 = Over-the-counter 20 = Other 98 = Unknown			
<b>Comments:</b> Required if client is discharged from substance abuse treatment (field 99, SA_DIS_DATE).			

**Relational edit:** EXT\_SUB\_1 cannot be the same as EXT\_SUB\_2 or EXT\_SUB\_3, unless program exit substance abuse problem code is None (01).

108 Program exit substance abuse problem code (2 of 3)

**Field name:** EXT\_SUB\_2      **Type:** N      **Width:** 2

**Codes:** (See " Program exit substance abuse problem code (1 of 3)")

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** EXT\_SUB\_2 cannot be the same as EXT\_SUB\_1 or EXT\_SUB\_3, unless program exit substance abuse problem code is None (01).

109 Program exit substance abuse problem code (3 of 3)

**Field name:** EXT\_SUB\_3      **Type:** N      **Width:** 2

**Codes:** (See " Program exit substance abuse problem code (1 of 3)")

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** EXT\_SUB\_3 cannot be the same as EXT\_SUB\_1 or EXT\_SUB\_2, unless program exit substance abuse problem code is None (01).

110 Program exit frequency of use (1 of 3)

**Field name:** EXT\_FREQ\_1      **Type:** N      **Width:** 1

**Codes:**

- 1 = No use in past month
- 2 = 1-3 times past month
- 3 = 1-2 times/wk past month
- 4 = 3-6 times/wk past month
- 5 = Daily past month
- 6 = 2-3 times daily past month
- 7 = 3+ times daily past month
- 8 = Unknown
- 9 = Not Applicable

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** Field should be crosschecked to Program exit substance abuse problem code, EXT\_SUB\_1. When field 107, EXT\_SUB\_1 is None (01) then EXT\_FREQ\_1 should be 9, Not applicable.

## 111 Program exit frequency of use (2 of 3)

**Field name:** EXT\_FREQ\_2      **Type:** N      **Width:** 1

**Codes:** (See "Frequency of use [1 of 3]" codes)

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** Field should be crosschecked to Program exit substance abuse problem code, EXT\_SUB\_2. When field 108, EXT\_SUB\_2 is None (01) then EXT\_FREQ\_2 should be 9, Not applicable.

## 112 Program exit frequency of use (3 of 3)

**Field name:** EXT\_FREQ\_3      **Type:** N      **Width:** 1

**Codes:** (See "Frequency of use [1 of 3]" codes)

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** Field should be crosschecked to Program exit substance abuse problem code, EXT\_SUB\_3. When field 109, EXT\_SUB\_3 is None (01) then EXT\_FREQ\_3 should be 9, Not applicable.

## 113 Living arrangement at discharge

**Field name:** DIS\_LIVING      **Type:** N      **Width:** 1

**Codes:**  
 1 = Lives alone  
 2 = Lives w. relatives (nuclear or extended)  
 3 = Lives w. non-relatives

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

## 114 Type of residence at discharge

**Field name:** DIS\_RESID      **Type:** C      **Width:** 2

**Codes:**  
 01 = Private residence (house, mobile home)  
 02 = Other independent (rooming house, dorm)  
 03 = Homeless/Shelter  
 04 = Institution (psychiatric hospital, IDD facility)  
 05 = Community program (nursing home, group home)  
 06 = Correctional facility  
 07 = Other  
 08 – Foster Home

09 – Residential Care  
 10 – Crisis Residence  
 11 – Children’s Residential Treatment  
 99 = Not available/Unknown

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** Clients with residential arrangement at discharge = 06 (Correctional facility) must have employment at discharge (field 116) = 11 (Correctional Inmate) and living arrangement at discharge (field 113) = 03 (Lives with non-relatives).

#### 115 Education at discharge

**Field name:** DIS\_EDUC      **Type:** C      **Width:** 2

**Codes:** 51 = Preschool/kindergarten  
 52 = Special education  
 01 = First grade  
 ..  
 12 = Twelfth grade  
 13 = GED  
 14 = Technical/trade school  
 15 = Some college, no degree  
 16 = Associate degree  
 17 = Bachelors degree  
 18 = Masters degree  
 19 = Ph.D.  
 98 = Unknown  
 99 = Never attended school

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

#### 116 Employment at discharge

**Field name:** DIS\_EMPL      **Type:** C      **Width:** 2

**Codes:** 01 = Employed - full time (35+ hrs per week)  
 02 = Employed - part time  
 03 = Employed - active military duty  
 04 = Season/migrant worker  
 05 = Unemployed - seeking work  
 06 = Unemployed - not seeking work  
 07 = Homemaker  
 08 = Student/under 17  
 09 = Retired  
 10 = Disabled

11 = Correctional inmate  
 97 = Other  
 98 = Unknown

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

**Relational edit:** Clients with employment at discharge (field 116) = 11 (Correctional Inmate) must have living arrangement at discharge (field 113) = 03 (Lives with non-relatives) and residential arrangement at discharge (field 114) = 06 (Correctional facility).

117 Number of arrests in the last 30 days prior to discharge

**Field name:** DIS\_ARREST      **Type:** C      **Width:** 2

**Codes:** 00 = None  
 01-96 = Number of Arrest  
 98 = Unknown

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE). Enter the number of arrests the client has received in the 30 days prior to discharge from substance abuse treatment.

118 Type of arrests I at discharge (1 of 3)

**Field name:** DIS\_TYPARR1      **Type:** C      **Width:** 2

**Codes:** 01 = None  
 02 = Public drunkenness  
 03 = DUI  
 04 = Drug violation  
 05 = Other SA offense  
 06 = Other - SA related  
 07 = Other - not SA related

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

119 Type of arrests II at discharge (2 of 3)

**Field name:** DIS\_TYPARR2      **Type:** C      **Width:** 2

**Codes:** (See "Type of arrest at discharge [1 of 3]" codes)

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

## 120 Type of arrests III at discharge (3 of 3)

**Field name:** DIS\_TYPARR3      **Type:** C      **Width:** 2

**Codes:** (See "Type of arrest at discharge [1 of 3]" codes)

**Comments:** Required if client is discharged from substance abuse treatment (field 99, SA\_DIS\_DATE).

## 121 Entry date (most current) into Substance Abuse Treatment program

**Field name:** ENTSA\_DATE      **Type:** N      **Width:** 8

**Comments:** Required. This field indicates the client's entry date into substance abuse treatment. This field is compared to "Admission date to organization" (ADM\_DATE) which captures date of admission to parent organization. Field should be in the format YYYYMMDD. Substance Abuse Treatment Category data can be viewed on the CDR website under Track Participation by selecting 'Treatment Category' as the Type of Participation.

**Relational edit:** ENTSA\_DATE is cross-checked to ADM\_DATE (field 7). ENTSA\_DATE must be equal to ADM\_DATE or later than ADM\_DATE. This field should be a date prior or equal to SA\_ENT\_DATE, field 62. Treatment category entry dates that are inconsistent with admission dates, discharge dates, treatment category dates, or program dates may result in data errors.



## **DMH services data set**

***Data Elements of the Services Dataset***

<b>Field</b>	<b>Field Description</b>	<b>Field Name</b>	<b>Type</b>	<b>Width</b>
1	Unique Client ID within organization	BY_ID	N	9
2	Organization Code	ORG_CODE	N	3
3	Service under which client receives treatment	SERVICE_CODE	N	3
4	Date service performed began	SERVICE_DATE	N	8
5	Units of service performed	SERVICE_UNITS	N	3.2
6	Cost of service	SERVICE_COST	N	3.2
7	Primary Payer for the service	PAYOR1	N	3
8	Secondary Payer for the service	PAYOR2	N	3
9	Tertiary Payer for the service	PAYOR3	N	3
10	Quaternary Payer for the service	PAYOR4	N	3
11	Place service was performed	PLACE_OF_SERVICE	N	3

**Services Data Dictionary**

1 Unique Client ID within organization

**Field name:** BY\_ID **Type:** N **Width:** 9**Comments:** REQUIRED. The client's "Unique client ID" (CLI\_ORG\_ID) should be generated within each organization for internal identification of clients. It can be up to 9 characters in length. Every effort should be made to insure the ID remains unique to a single client. The same ID should be reused if and when the client is readmitted to the organization.

2 Organization Code

**Field name:** ORG\_CODE **Type:** N **Width:** 3

**Codes:**

- 101 = CMHC Region 1
- 102 = CMHC Region 2
- 103 = CMHC Region 3
- 104 = CMHC Region 4
- 106 = CMHC Region 6
- 107 = CMHC Region 7
- 108 = CMHC Region 8
- 109 = CMHC Region 9
- 110 = CMHC Region 10
- 111 = CMHC Region 11
- 112 = CMHC Region 12
- 113 = CMHC Region 13
- 114 = CMHC Region 14
- 115 = CMHC Region 15
- 201 = Miss. State Hospital
- 202 = East Miss. State Hospital
- 203 = North Miss. State Hospital
- 204 = South Miss. State Hospital
- 205 = Central Miss. Residential Center
- 206 = Spec. Treatment Facility
- 301 = North Miss. Regional Center
- 302 = Hudspeth Regional Center
- 303 = Boswell Regional Center
- 304 = Ellisville State School
- 305 = South Miss. Regional Center
- 306 = Mississippi Adolescent Center

**Comments:** REQUIRED. Information in this field should be automatically inserted by the software during download. The field denotes the "umbrella" organization code. Individual service sites operated by the organization are identified by their "Program location code" (LOC\_CODE). Some organizations may also need to be subdivided into administrative subcomponents based on separate licensures. These entities can be given separate codes as long as the assigned organization code can also be generated. Private providers are assigned organization codes in the 700-999 range.

3 Service under which client receives treatment

**Field name:** SERVICE\_CODE      **Type:** N      **Width:** 3

**Codes:** (Refer to [SERVICES data set](#))

**Comments:** REQUIRED. This field is designed to capture the specific service received by the client. Refer to the complete listing of DMH core service codes in the [SERVICES dataset](#).

4 Date service performed began

**Field name:** SERVICE\_DATE      **Type:** N      **Width:** 8

**Comments:** REQUIRED. For file upload format, the field should be in YYYYMMDD format. This field should be the date the service began.  
For web-entry providers, the initial service date is automated when the client is admitted. For any services reported after admission, only the MM/YYYY format is required.

5 Units of service performed

**Field name:** SERVICE\_UNITS      **Type:** N      **Width:** 3.2

**Comments:** NOT REQUIRED. Providers that enter data on the CDR website do not have an option to provide this field.

6 Cost of Service

**Field name:** SERVICE\_COST      **Type:** N      **Width:** 3.2

**Comments:** NOT REQUIRED. Providers that enter data on the CDR website do not have an option to provide this field.

## 7 Primary Payer

**Field name:** PAYOR1                      **Type:** C                      **Width:** 3

**Comments:** REQUIRED. Payer Codes can be maintained on the DMH website. The link for Payer codes is under the menu option, Organization Info/Provider Specific Codes. Payor codes are three-digit codes classified by Medicaid, Non-Medicaid, and None. Medicaid codes represent any Medicaid funded program including Waiver and 1915i. Non-Medicaid codes represent non-Medicaid funded payments including but not limited to self-pay, insurance payments, public assistance, grant-funding programs, Medicare, or Work Comp. The classification of None represents clients that do not pay for services or organizations that absorb the cost of the service offered to the client.

## 8 Secondary Payer

**Field name:** PAYOR2                      **Type:** C                      **Width:** 3

**Comments:** NOT REQUIRED. Payer Codes can be maintained on the DMH website. Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

## 9 Tertiary Payer

**Field name:** PAYOR3                      **Type:** C                      **Width:** 3

**Comments:** NOT REQUIRED. Payer Codes can be maintained on the DMH website. Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

## 10 Quaternary Payer

**Field name:** PAYOR4                      **Type:** C                      **Width:** 3

**Comments:** NOT REQUIRED. Payer Codes can be maintained on the DMH website. Refer to PAYOR1 for additional information. Providers that enter data on the CDR website do not have an option to provide more than one payor code on each line. For clients receiving a service and paying with multiple sources, enter a line for each payment type.

11 Place Service was Performed

**Field name:** PLACE\_OF\_SERVICE **Type:** N **Width:** 3

**Comments:** NOT REQUIRED. This field can be used to define the Place of Service within a Location Code. Place of Service codes from the Community/Private Mental Health Center Billing Guidelines are may be used. Providers that enter data on the CDR website do not have an option to provide this field.

## List of Service Codes by Program

This quick reference tool provides the following fields:

1. DMH CDR service code - field 3, SERVICE\_CODE, of SERVICES data set
2. Program Level - field 59, PROGRAM\_CODE, of core client data set

The last four columns indicate the Treatment Category or Program Type (MH/SA/IDD/CY). Clients should have a core client record prior to submitting services data. Clients receiving SA services must have a complete core client record and substance abuse client record ([SA data set](#)).

<b>INPATIENT (1000)</b>		MH	IDD	SA	CY
101	Psychiatric Services – Acute Treatment	X			
102	Psychiatric Services – Intermediate	X			
103	Psychiatric Services – Continuing Treatment	X			
104	Psychiatric Services – Continued Medical Treatment	X			
105	Psychiatric Services – C/Y – Acute Treatment				X
106	Psychiatric Residential Treatment Facility	X			X
110	Crisis Stabilization Unit	X		X	
111	Chemical Dependency Unit (CDU)			X	
112	Mental Illness / Chemical Addiction Treatment (MICA)	X		X	
121	Forensics	X			
122	Nursing Facility	X			
123	Medical Surgical Hospital	X			
<b>RESIDENTIAL FACILITY FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES (1000)</b>					
151	Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD) – Large		X		
152	Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD) – Small		X		
153	ICF-MR Respite		X		
<b>OTHER INPATIENT (1000)</b>					
161	Community Hospital	X		X	
162	Designated Mental Health Holding Facilities	X			
<b>RESIDENTIAL (2000)</b>		MH	IDD	SA	CY
205	Supported Living	X	X		
206	Primary Residential Treatment.			X	
207	Transitional Residential Treatment			X	
208	Therapeutic Foster Care / Treatment Foster Care				X
211	Therapeutic Group Home - C/Y				X
215	Supervised Living	X	X		X

<b>PSYCHOSOCIAL REHABILITATIVE – Day Program Options (3000)</b>		MH	IDD	SA	CY
304	Supported Employment – Individual	X	X		
305	Supported Employment – Group	X	X		
309	Therapeutic Day Treatment – Substance Abuse			X	
311	Adult Day Center Services – Alzheimer’s	X			
313	Acute Partial Hospitalization	X		X	X
314	Psychosocial Rehabilitation	X			
315	Work Activity		X		
317	Day Support Services	X			
318	Day Treatment (Child)				X
319	Senior Psychosocial Rehabilitation Services - Community	X			
320	Senior Psychosocial Rehabilitation Services – Nursing Facility	X			
321	Drop-In Center	X			
322	Day Habilitation		X		
323	Prevocational Services		X		

<b>PSYCHOTHERAPEUTIC SERVICES/ Outpatient (4000)</b>		MH	IDD	SA	CY
402	Family Therapy	X		X	X
404	Evaluation Only	X		X	X
406	Medication Evaluation and Monitoring	X		X	X
416	Intake/Biopsychosocial Assessment	X		X	X
417	Treatment Plan Review	X		X	X
418	Multi-family Group Therapy	X		X	X
419	Peer Support	X		X	X
420	Intensive Outpatient – substance abuse			X	
421	Assertive Community Treatment	X			
424	Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)	X		X	
426	Individual therapy	X		X	X
427	Group therapy	X		X	X
428	Nursing Assessment	X		X	X
429	Early intervention		X		X
430	Family education and support	X			X
431	Medication Injection	X			X
432	Pre-evaluation screening	X			X
434	Intensive Outpatient Psychiatric Services – C/Y				X
435	MYPAC				X

<b>CASE MANAGEMENT (5000)</b>		MH	IDD	SA	CY
502	Intensive case management	X			
503	Recovery Support Services			X	
509	Community Support Services	X	X	X	X



510	Targeted Case Management	X	X	X	X
<b>EMERGENCY (8888)</b>		MH	IDD	SA	CY
602	Mobile Crisis Services	X	X	X	X
603	Telephone Emergency/Crisis Response Service	X	X	X	X
604	Walk-In Emergency/Crisis Response Service	X	X	X	X
605	Intensive Crisis Intervention Service				X
610	Community Crisis Transition (BRC only)		X		
<b>CONSULT/EDUC/PREV (8888)</b>		MH	IDD	SA	CY
704	Alcohol & Drug Prevention			X	
705	Prevention (Children/Youth)				X
706	DUI			X	
<b>MISCELLANEOUS (8888)</b>		MH	IDD	SA	CY
801	Staffing – No Treatment Plan Review	X		X	X
802	No shows / Cancellations	X	X	X	X
803	PATH Grant service	X			
804	Making a plan (MAP) Team Review meeting				X
805	Fetal Alcohol Spectrum Disorders (FASD) - Screening				X
806	Fetal Alcohol Spectrum Disorders (FASD) - Treatment				X
807	Respite				X
808	Wraparound Facilitation				X
809	Urine Drug Screens	X		X	
810	Adult Making A Plan (AMAP) Team Review meeting	X			
<b>HOME AND COMMUNITY BASED ID/DD SERVICES (8888)</b>		MH	IDD	SA	CY
901	Support Coordination		X		
903	In-Home Nursing Respite Services		X		
905	Community Respite.		X		
907	Supervised Living		X		
908	Supported Living		X		
909	Day Services – Adult		X		
910	Prevocational Services		X		
912	Behavior Support/Intervention		X		
917	Home & Community Supports		X		
918	Supported Employment - Individual		X		
919	Supported Employment - Group		X		
920	Host Homes		X		
921	Crisis Intervention		X		
922	Job Discovery		X		
923	Transition Assistance		X		
924	Crisis Support Services		X		

## Descriptions of Service Codes

INPATIENT (1000)		MH	IDD	SA	CY
101	<b>Psychiatric Services – Acute Treatment</b> Short term psychiatric inpatient services for persons with serious mental illness who have been legally committed to the treatment facility. The goal of “Acute treatment” is to stabilize the patient in an inpatient environment using medication and supportive treatments within 15-90 days from time of admission. Do NOT use for crisis stabilization services (refer to “ <a href="#">Psychiatric services – crisis stabilization unit</a> ”).	X			
102	<b>Psychiatric Services – Intermediate</b> Psychiatric inpatient services for persons with serious mental illness who are not ready for discharge after receiving services in an “Acute treatment” psychiatric service unit. Intermediate treatment is intended to offer up to six months additional treatment in order to rehabilitate the individual for return to the community.	X			
103	<b>Psychiatric Services – Continuing Treatment</b> Long term psychiatric inpatient services for persons with serious mental illness who have previously been treated in “Acute treatment” and/or “Intermediate treatment” psychiatric service units.	X			
104	<b>Psychiatric Services – Continued Medical Treatment</b> Long term psychiatric inpatient services primarily for elderly and/or chronically ill persons who require extensive medical attention in addition to psychiatric treatment. Do NOT use for placements in licensed nursing facility units (refer to “ <a href="#">Nursing facility</a> ”).	X			
105	<b>Psychiatric Services – Children/Youth – Acute Treatment</b> Short term psychiatric inpatient services for children and youth (ages 4 – 18) who have had a significant debilitating episode which has impaired daily functioning. The goal of acute treatment is to stabilize the child or youth through various modalities of treatment (medication, individual therapy, family therapy, other support therapies).				X
106	<b>Psychiatric Residential Treatment Facility</b> Long-term psychiatric inpatient services for children and youth who continue to have significant difficulty coping, interacting, or functioning following delivery of acute treatment services. The goal of long-term treatment is to rehabilitate the child or youth through various modalities	X			X

INPATIENT (1000)		MH	IDD	SA	CY
	including milieu, individual, group, and family therapies. An educational component of long-term treatment involves assessment and continuing education.				
110	<b>Crisis Stabilization Services</b> Crisis Stabilization Services are time-limited residential treatment services provided in a Crisis Stabilization Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Stabilization Services must be designed to prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Stabilization Services content may vary based on each individual's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.	X		X	X
111	<b>Chemical Dependency Unit</b> Chemical Dependency Unit Services include inpatient or hospital-based services for individuals with more severe alcohol or other drug disorders and who require a medically-based environment. Treatment usually includes detoxification, group, individual, and family therapy, education services explaining alcohol/drug dependency, personal growth, the recovery process, aftercare, and family counseling.			X	
112	<b>Mental illness / Chemical Addiction Treatment (MICA)</b> An inpatient treatment service that treats persons who exhibit both serious mental illness and a significant level of chemical addiction. The service is designed to treat both conditions concurrently rather than focusing on one or the other condition as primary.	X		X	
121	<b>Forensics</b> Specialized inpatient unit for persons being evaluated to determine legal sanity or for person adjudicated to be legally insane.	X			
122	<b>Nursing Facility</b> Institutional continuous care services for medically fragile persons who require 24 hour a day nursing care. Units are licensed as Nursing Facility beds.	X			

<b>INPATIENT (1000)</b>		MH	IDD	SA	CY
123	<p>Medical Surgical Hospital</p> <p>Used to denote a licensed medical hospital operated within the structure of a DMH facility. Currently, the only medical surgical hospital is housed on the grounds of Mississippi State Hospital. This facility provides acute medical and surgical care to patients from MSH and other facilities operated by the Department of Mental Health. The hospital also provides lab, outpatient, and x-ray services.</p>	X			
<b>RESIDENTIAL FACILITY FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES (1000)</b>		MH	IDD	SA	CY
151	<p>Intermediate Care Facility - Intellectual and Developmental Disabilities (ICF/IDD) - large</p> <p>Continuous care services for persons intellectual and developmental disabilities that operate under Medicaid ICF/IDD licensure.</p>		X		
152	<p>Intermediate Care Facility – Intellectual and Developmental Disabilities (ICF/IDD)– Small</p> <p>Continuous care services for persons with intellectual and developmental disabilities that operate under Medicaid ICF/IDD licensure. The “Small” designation denotes stand-alone units consisting of 15 or fewer beds usually located in a community setting.</p>		X		
153	<p>ICF-IDD Respite</p> <p>Respite care is also offered in licensed ICF/IDD settings on a limited basis, based on the number of available beds. Do not use for individuals in waiver services seeking crisis support (refer to <a href="#">924 – Crisis Support</a>).</p>		X		
<b>OTHER INPATIENT (1000)</b>		MH	IDD	SA	CY
161	<p>Community Hospital</p> <p>Inpatient services contracted with local community hospitals for intensive 24 hour psychiatric or substance abuse detoxification treatment.</p>	X		X	
162	<p>Designated Mental Health Holding Facilities</p> <p>Designated Mental Health Holding Facilities house individuals who have been involuntarily civilly committed and are awaiting transportation to a treatment facility. The Holding Facility can be a county facility or a facility with which the county contracts</p>	X			
<b>RESIDENTIAL (2000)</b>		MH	IDD	SA	CY
205	Supported Living	X	X		

RESIDENTIAL (2000)		MH	IDD	SA	CY
	Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.				
206	<p>Primary Residential Treatment</p> <p>Primary Substance Abuse Rehabilitation Service is an intensive residential program for individuals who are addicted to or abuse alcohol or other drugs. This type of treatment offers a group living environment in order to provide the individual with a comprehensive program of services that is easily accessible and responsive to his/her needs.</p>			X	
207	<p>Transitional Residential Treatment</p> <p>Transitional Substance Abuse Rehabilitation Services are provided in a group living environment which promotes a life free from chemical dependency while encouraging the pursuit of vocational or related opportunities. With group support, individuals acquire coping skills which enable them to become productive citizens in their communities.</p> <p>An individual must have successfully completed a primary substance abuse treatment program in order to be eligible for admission to transitional residential services. The primary substance abuse treatment program must be at least thirty (30) days long.</p>			X	
208	<p>Therapeutic Foster Care/Treatment Foster Care</p> <p>Treatment Foster Care (TFC) services are intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances living in a resource home licensed by the Department of Human Services.</p>				X
211	<p>Therapeutic Group Home - C/Y</p> <p>Intensive community-based services for children with significant developmental, emotional or behavioral needs provided by mental health professional staff and trained foster parents, resource parents or group home providers who provide a therapeutic program for children and youth with serious emotional disturbances living in a resource home licensed by the Department of Human Services.</p>				X
215	Supervised Living	X	X		X

<b>RESIDENTIAL (2000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day. Supports and services are provided twenty-four (24) hours per day/seven (7) days per week					
<b>PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
304	Supported Employment – Individual Supported Employment Services increase independence, community integration, and productivity of individuals by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business.	X	X		
305	Supported Employment – Group Supported Employment Services increase independence, community integration, and productivity of individuals by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person.	X	X		
309	Therapeutic Day Treatment – Substance Abuse An intensive treatment program serving individuals with substance abuse problems who are not enrolled in residential programs. Provides coordinated, multidisciplinary treatment.			X	
311	Adult Day Center Services – Alzheimer's Alzheimer's Day Programs are community based group programs designed to meet the needs of adults with physical and psychosocial impairments, including memory loss, through individualized care plans. These structured, nonresidential	X			

<b>PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	programs provide a variety of social and related support services in a safe setting. Alzheimer's Day Programs assess the strengths and needs of individuals and families and offer services to build on their strengths.				
313	<p><b>Acute partial Hospitalization</b></p> <p>Acute Partial Hospitalization Services (APH) provide medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to individuals who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. APH is designed to provide an alternative to inpatient hospitalization for such individuals or to serve as a bridge from inpatient to outpatient treatment. Program content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms. APH may be provided to children with serious emotional disturbance or adults with serious and persistent mental illness.</p>	X		X	X
314	<p><b>Psychosocial Rehabilitation</b></p> <p>Psychosocial Rehabilitative Services (PSR) consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the program is to promote recovery, resiliency, and empowerment of the individual in his/her community. Program activities aim to improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the individual into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.</p>	X			
315	<p><b>Work Activity</b></p> <p>Work Activity Services for persons with intellectual disabilities/developmental disabilities provide opportunities for the acquisition of necessary work and living skills. A person must be at least sixteen (16) years old to participate in Work Activity Services. (Accepting individuals younger than eighteen (18) is optional for the provider.)</p>		X		
317	<b>Day Support Services</b>	X			

<b>PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.				
318	<p><b>Day Treatment (Child)</b></p> <p>Day Treatment Services are the most intensive outpatient services available to children/youth with SED. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principle and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular site and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.</p>				X
319	<p><b>Senior Psychosocial Rehabilitation Services - Community</b></p> <p>Senior Psychosocial Rehabilitation Services (Senior PSR) are structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities in the program are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.</p>	X			
320	<p><b>Senior Psychosocial Rehabilitation Services – Nursing Facility</b></p> <p>Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual's independence in the community through the provision of</p>	X			



<b>PSYCHOSOCIAL REHABILITATIVE/DAY PROGRAM OPTIONS (3000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	structured supports. Clinical program activities must aim to improve social adaptation, physical coordination, daily living skills, time and resource management, and task completion.				
321	<b>Drop-In Center</b> Drop-In Centers are programs of structured activities designed to support and enhance the role functioning of individuals who are homeless and individuals who are able to live fairly independently in the community through the regular provision of structured therapeutic support. Program activities aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion as well as to alleviate such psychiatric symptoms as confusion, anxiety, isolation, withdrawal and feelings of low self-worth. Programs also provide basic needs such as food and clothing and link participants with social support services. The activities provided must include, at a minimum, the following: group therapy, individual therapy, social skills training, coping skills training, and training in the use of leisure-time activities.	X		X	
322	<b>Day Habilitation</b> IDD Community Support Program (CSP) service for adults designed to foster greater independence, personal choice, and improvement/retention of self-help, socialization, positive behavior, and adaptive skills. Services are provided in a community-based setting. A central component of the service is to provide opportunities for individuals to become more independent and productive.		XX	X	
323	<b>Prevocational Services</b> IDD Community Support Program (CSP) Prevocational Services are provided to persons not expected to be able to join the general workforce within one year (excluding Supported Employment Services). Activities can be either center based or community based and are not primarily directed at teaching specific job skills, but at underlying skills which are useful in obtaining community employment.		X		

<b>PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
402	<b>Family Therapy</b> Family Therapy shall consist of psychotherapy that takes place between a mental health therapist and an individual's family members with or without the presence of the individual. Family Therapy may also include others (DHS staff, foster	X		X	X

<b>PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	family members, etc.) with whom the individual lives or has a family-like relationship. This service includes family psychotherapy and psychoeducation provided by a mental health therapist.				
404	<b>Evaluation Only</b> Provision of diagnostic and evaluation services for a person who is seeking services. Do NOT use for persons receiving a pre-evaluation screening (refer to " <a href="#">Pre-evaluation screening</a> ").	X		X	X
406	<b>Medication Evaluation and Monitoring</b> Medication Evaluation and Monitoring is the intentional face-to-face interaction between a physician or a nurse practitioner and an individual for the purpose of: assessing the need for psychotropic medication, prescribing medications, and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.	X		X	X
416	<b>Intake/Biopsychosocial Assessment</b> The initial biopsychosocial assessment and subsequent biopsychosocial assessments are the face-to-face securing of information from the individual receiving services and/or collateral contact, of the individual's family background, educational/vocational achievement, presenting problem(s), problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information in order to determine the nature of the individual's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment for the individual and/or family.	X		X	X
417	<b>Treatment Plan Review</b> The treatment plan is the overall plan that directs the treatment of the individual receiving services. The plan must be based on the strengths and needs, or challenges, of the individual receiving services and his/her family/legal representative (if applicable) and identified outcomes. Outcomes should be identified by the individual, family/legal representative (if applicable), and treatment/support team.	X		X	X
418	<b>Multi-Family Group Therapy</b> Multi-Family Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and family members of at least two (2) different individuals receiving services, with or without the presence of the individual, directed toward the reduction/resolution of identified mental	X		X	X

<b>PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	health problems so that the individual and/or their families may function more independently and competently in daily life. This service includes psychoeducational and family-to-family training.				
419	<p><b>Peer Support</b></p> <p>Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the individual. It may also be provided as a family partner role.</p>	X		X	X
420	<p><b>Intensive Outpatient – Substance Abuse</b></p> <p>The 10-week Intensive Outpatient Program for Individuals with a Substance Abuse Disorder (IOP-A/D) is a community-based outpatient program which provides an alternative to traditional Residential Treatment Services or hospital settings. The program is directed to persons who need services more intensive than traditional outpatient services, but who have less severe alcohol and other drug disorders than those typically addressed in Residential Treatment Services. The IOP-A/D allows individuals to continue to fulfill their obligations to family, job, and community while obtaining intensive treatment.</p>			X	
421	<p><b>Assertive Community Treatment</b></p> <p>A program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.</p>	X			
424	<p><b>Integrated Treatment for Co-Occurring Disorder (Mental Health/Substance Abuse)</b></p> <p>Co-Occurring Disorders Services are provided to individuals who are affected by both a diagnosed mental illness and substance abuse disorder.</p>	X		X	

<b>PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
426	<b>Individual Therapy</b> Individual Therapy is defined as one-on-one psychotherapy that takes place between a mental health therapist and the individual receiving services.	X		X	X
427	<b>Group Therapy</b> Group Therapy shall consist of psychotherapy that takes place between a mental health therapist and at least two (2) but no more than ten (10) children or at least two (2) but not more than twelve (12) adults at the same time. Possibilities include, but are not limited to, groups that focus on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.	X		X	X
428	<b>Nursing Assessment</b> Nursing assessment takes place between a registered nurse and an individual for the purpose of assessing extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact and providing education to the individual and the family about the illness and the course of available treatment.	X		X	X
429	<b>Early Intervention</b> Early Intervention and Child Development Services are designed to support families in providing learning opportunities for their child within the activities, routines, and events of everyday life by providing information, materials, and supports relevant to their identified needs. Early Intervention Services are provided in the child's natural environment. Child Development Services provide center based programs which promote the developmental growth of children in cognitive, physical, social, emotional, communication, and adaptive functioning areas.		X		X
430	<b>Family Education and Support</b> Family Support and Education Services, which provide self-help and mutual support for families of youth with mental illness or mental health challenges, are based on the view that a person who is parenting or has parented a child experiencing emotional or behavioral health disorders can articulate the understanding of their experiences with another parent or family member.	X			X

<b>PSYCHOTHERAPEUTIC SERVICES/OUTPATIENT (4000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
431	<b>Medication Injection</b> Medication injection is the process of a licensed practical nurse, registered nurse, physician, or nurse practitioner injecting an individual with prescribed psychotropic medication for the purpose of restoring, maintaining or improving the individual's role performance and/or mental health status.	X			X
432	<b>Pre-Evaluation Screening</b> Pre-Evaluation Screening and a Civil Commitment Examination are two separate events which include screening and examinations, inclusive of other services to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment. These services also include assessment and plans to link individuals with appropriate services.	X			X
434	<b>Intensive Outpatient Psychiatric Services – C/Y</b> Intensive Outpatient Psychiatric (IOP-C/Y) services are family stabilization and intensive outpatient psychiatric treatment provided to children and youth with serious emotional disturbance. Services are time-limited and include intensive family preservation interventions intended to diffuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, promote reunification or prevent the utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, and residential treatment facility).				X
435	<b>MYPAC</b> Mississippi Youth Programs Around the Clock (MYPAC) is a home and community- based Medicaid waiver program. MYPAC provides specific services for SED children/youth. Program designed to provide alternate services to traditional Psychiatric Residential Treatment Facilities. Services include Intensive Case Management, Wraparound Services, and Respite Services. An Individualized Service Plan is developed to identify and address participants' and their families' individual needs. Providers will be expected to be available to participants and their families around the clock				X
<b>CASE MANAGEMENT (5000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
502	<b>Intensive Case Management</b> A specialized form of case management services designed to	X			

<b>CASE MANAGEMENT (5000)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	offer intensive support to persons during periods of psychiatric emergency or crisis. The primary goal of “Intensive case management” is to assist the person in obtaining services to help forestall the need for psychiatric inpatient placement. The program differs from “Case management” in the intensity and frequency of services, and the utilization of a much lower staff-to-client ratio.				
503	<b>Aftercare – Substance Abuse</b> Recovery Support Services are non-clinical services that are offered before, during and after Primary Residential Treatment Services that assist individuals and families working towards recovery from substance use disorders. They incorporate a full range of social, legal, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. RSS include social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.			X	
509	<b>Community Support Services</b> Community Support Services provide an array of support services delivered by community-based, mobile Community Support Specialists. CSS are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CSS is to provide specific, measurable, and individualized services to each person served. CSS should be focused on the individual’s ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.	X	X	X	X
510	<b>Targeted Case Management</b> Targeted Case Management Services is defined as services that provide information/referral and resource coordination for individuals and/or his/her collaterals. Case Management Services are directed towards helping the beneficiary maintain his/her highest possible level of independent functioning. Case managers monitor the individual service plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team may need to review the service plan for updates if the established plan is not working. Targeted case management may be provided face-to-face or	X	X	X	X

<b>CASE MANAGEMENT (5000)</b>		MH	IDD	SA	CY
via telephone.					
<b>EMERGENCY (8888)</b>		MH	IDD	SA	CY
602	<b>Mobile Crisis Services</b> Face-to-face contact (i.e. Mobile Crisis Response) with a mental health professional twenty-four (24) hours a day, seven (7) days a week must be available. The staff person is not required to see the individual in the individual's home, but this is permissible and recommended. There must be designated, strategic, publicized locations where the person can meet with a mental health professional. The individual must be seen within one (1) hour of initial time of contact if in an urban setting and within two (2) hours of initial time of contact if in a rural setting. A team approach to mobile crisis response should be utilized if warranted to adequately address the situation.	X	X	X	X
603	<b>Telephone Emergency/Crisis Response Service</b> Time limited intensive intervention, available twenty-four (24) hours a day, seven (7) days a week. Crisis response services allow for the assessment of the crisis and ability to activate a mobile crisis team. Trained crisis response staff provides crisis stabilization directed toward preventing hospitalization. Children or adults requiring crisis services are those who are experiencing a significant emotional/behavioral crisis. A crisis situation is defined as a situation in which an individual's mental health and/or behavioral health needs exceed the individual's resources, in the opinion of the mental health professional assessing the situation. Staff must be able to triage and make appropriate clinical decisions, including accessing the need for inpatient services or less restrictive alternatives.	X	X	X	X
604	<b>Walk-In Emergency/Crisis Response Service</b> The provider must ensure that a mental health representative is available to speak with an individual in crisis and/or family members/legal representatives of the individual twenty-four (24) hours a day, seven (7) days a week, inclusive of individuals who may be a "walk-in" at any program site.	X	X	X	X
605	<b>Intensive Crisis Intervention Service</b> Intensive Crisis Intervention Services for Children and Youth with an SED are specialized, time limited interventions that last for 6-8 weeks and include intensive				X

<b>EMERGENCY (8888)</b>		MH	IDD	SA	CY
	outpatient mental health therapy services and in-home services and support for the family or other caregivers. These services are available twenty-four (24) hours a day, seven (7) days/week.				
610	Community Crisis Transition (BRC Only) This service is only offered by BRC and should not be used by other providers.		X		

<b>CONSULT/EDUC/PREV (8888)</b>		MH	IDD	SA	CY
704	Alcohol & Drug Prevention Prevention Services represent a process that involves interacting with people, communities, and systems to promote programs aimed at substantially preventing alcohol, tobacco, and other drug abuse, delaying its onset and/or reducing substance abuse-related behaviors. Prevention Services are designed to reduce the risk factors and increase the protective factors linked to substance abuse and related problem behaviors to provide immediate and long-term positive results.			X	
705	Prevention (Children/Youth) Prevention/Early Intervention Services include preventive mental health programs targeting vulnerable at-risk groups with the intent to prevent the occurrence of mental and/or emotional problems and service programs designed to intervene as early as possible following the identification of a problem. Prevention and/or early intervention programs should be designed to target a specific group of children/youth and/or their families, such as children/youth who have been abused or neglected, teenage parents and their children, and young children and their parents. Children/youth identified as having a serious emotional disturbance and/or their families may also be targeted to receive specialized intervention early in the course of identification of the emotional disturbance.				X
706	DUI The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as, Substance Abuse Subtle Screening Inventory (SASSI), or other DMH approved tool) is administered and the result is combined with other required information to determine the offenders appropriate treatment environment.			X	



<b>MISCELLANEOUS (8888)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
801	Staffing – No Treatment Plan Review	X		X	X
802	No Shows / Cancellations	X	X	X	X
803	PATH Grant Service	X			
804	<p><b>Making a Plan (MAP) Team Review Meeting</b></p> <p>Making a Plan (MAP) Teams address the needs of children, up to age 21 years, with serious emotional/behavioral disorders and dually diagnosed with serious emotional/behavioral disorders and intellectual and developmental disabilities, including, but not limited to, conduct disorders, or mental illness, who require services from multiple agencies and multiple program systems, and who can be successfully diverted from inappropriate institutional placement.</p>				X
805	<p><b>Fetal Alcohol Spectrum Disorders (FASD) Screening</b></p> <p>Children ages birth to age eighteen (18) must be screened within six (6) months of Intake to determine if there is a need for a Fetal Alcohol Spectrum Disorders (FASD) diagnostic evaluation. Youth ages eighteen (18) to twenty-four (24) may be screened for an FASD if the provider has reason to believe that there was prenatal alcohol exposure.</p>				X
806	<p><b>Fetal Alcohol Spectrum Disorders (FASD) - Treatment</b></p> <p>Treatments and interventions recommended by the FASD multi-disciplinary diagnostic team must be either provided or facilitated by the service provider. Referral to the local MAP Team should be made when appropriate.</p>				X
807	<p><b>Respite</b></p> <p>Respite is a short-term planned relief care in the home or community for children/youth with serious emotional/behavioral disturbances or mental health challenges. This service offers time out for caregivers and children/youth, helping family members to cope with their responsibilities, to rest and regroup, facilitate stability, and feel less isolated from the community, family and friends. The provision of services is child-centered with the family participating in all decision-making, community based and culturally competent.</p>				X
808	<p><b>Wraparound Facilitation</b></p> <p>Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.</p>				X
809	Urine Drug Screens	X		X	

810	Adult Making A Plan (AMAP) Team Review meeting Adult Making A Plan (AMAP) Teams address the needs of adults, age 21 years and above, with serious mental illness or dually diagnosed (SMI/DD or SMI/A&D) who have frequent/multiple placements in inpatient psychiatric services which could possibly be prevented with the coordinated efforts of multiple agencies and services.	X			
<b>HOME AND COMMUNITY BASED ID/DD SERVICES (8888)</b>		MH	IDD	SA	CY
901	Support Coordination Support Coordination Services are provided to individuals enrolled in the ID/DD Waiver. Support Coordination Services coordinate and monitor all services an individual on the ID/DD Waiver receives, regardless of funding source, to ensure services are adequate, appropriate, meet individual needs, and ensure the individual's health and welfare needs are met.		X		
903	In-Home Nursing Respite Services In-Home Nursing Respite Services are provided to individuals enrolled in the ID/DD Waiver. In-Home Nursing Respite Services provide temporary, periodic relief to those persons normally providing the care for an eligible individual who requires services that can only be provided by licensed nurses. In-Home Nursing Respite Services are also provided when the usual care giver is absent or incapacitated due to hospitalization, illness, or injury or upon their death.		X		
905	Community Respite Community Respite Services are provided to individuals enrolled in the ID/DD Waiver. Community Respite Services are designed to provide families/care givers a safe place in the community where they can take their family member on a short-term basis for the purpose of relieving the family or caretaker or to meet planned or emergency needs. Typically, Community Respite Services are provided at times when other types of services are not available such as evenings and weekends.		X		
907	Supervised Living Supervised Living Services provide individually tailored supports which assist with the acquisition, retention, or improvement in skills related to living in the community. Learning and instruction are coupled with the elements of support, supervision and engaging participation to reflect the natural flow of learning, practice of skills, and other activities as they occur during the course of an individual's day.		X		

<b>HOME AND COMMUNITY BASED ID/DD SERVICES (8888)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
908	<b>Supported Living</b> Supported Living includes an array of supports and services that are provided in an integrated community setting by a provider with appropriate staff and resources to assist an individual who needs assistance less than twenty-four (24) hours per day/seven (7) days per week.		X		
909	<b>Day Services - Adult</b> ID/DD Waiver Day Services - Adults are designed to foster greater independence, personal choice, and improvement/retention of self-help, socialization, positive behavior, and adaptive skills. Services are provided in a community-based setting. A central component of the service is to provide opportunities for individuals to become more independent, productive, and integrated in their community.		X		
910	<b>Prevocational Services</b> Prevocational Services are provided to persons not expected to be able to join the general workforce within one year (excluding Supported Employment Services). Activities can be either center based or community based and are not primarily directed at teaching specific job skills, but at underlying skills which are useful in obtaining community employment.		X		
912	<b>Behavior Support/Intervention</b> Behavior Support and Intervention Services are designed for individuals who exhibit behavior problems which cause them not to be able to benefit from other services being provided or cause them to be so disruptive in their environment(s) there is imminent danger of causing harm to themselves or others.		X		
917	<b>Home &amp; Community Supports</b> Home and Community Supports offer a range of services for individuals who require assistance to meet their daily living needs, ensure adequate functioning in their home and community, and provide safe access to the community.		X		
918	<b>Supported Employment – Individual</b> Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support		X		

<b>HOME AND COMMUNITY BASED ID/DD SERVICES (8888)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
and/or assist an individual in starting his/her own business.					
919	<b>Supported Employment – Group</b> Supported Employment Services increase independence, community integration, and productivity of individuals with IDD by providing support services necessary to achieve and maintain competitive employment and/or self-employment. Competitive employment is defined as having a job in a business(es) in the community where individuals without disabilities are employed. Additionally, Supported Employment Services may consist of activities to support and/or assist an individual in starting his/her own business. Can be provided in groups of no more than three (3) individuals and one (1) staff person.		X		
920	<b>Host Homes</b> Host Homes are private homes where an individual lives with a family and receives personal care and supportive services. Host Home Families are a stand-alone family living arrangement in which the principal caregiver in the Host Home assumes direct responsibility for the participant's physical, social, and emotional well-being and growth in a family environment.		X		
921	<b>Crisis Intervention</b> Crisis Intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or others and/or may result in the individual's removal from his/her current living arrangement. This service is provided on a 1:1 staff to individual ratio.		X		
922	<b>Job Discovery</b> Job Discovery is a person-centered service assisting the individual with volunteerism, self-determination, and self-advocacy. Services identify the wants and needs for supports and develop a plan for achieving integrated employment. Individuals are allowed to explore jobs, job shadow, research/interview for job information, analyze job tasks, prepare for employment and develop business plans for self-employment. Job discovery is time-limited and age-restricted.		X		
923	<b>Transition Assistance</b> Transition Assistance is a one (1) time set up expense for individuals who transition from institutions (ICF/IID or Title XIX nursing home) to a less restrictive community living arrangement such as a house or apartment where they receive Supervised or Supported Living services, or a Host		X		

<b>HOME AND COMMUNITY BASED ID/DD SERVICES (8888)</b>		<b>MH</b>	<b>IDD</b>	<b>SA</b>	<b>CY</b>
	Home living arrangement and who do not use services provided through the Bridge to Independence (Money Follows the Person) program.				
924	<b>Crisis Support Services</b> Crisis Support is provided in an ICF/IID and is used when an individual's behavior or family/primary caregiver situation becomes such that there is a need for immediate specialized services that exceed the capacity of Crisis Intervention.		X		

**States data set**

**CODE STATE**

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri

**CODE STATE**

MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

**MS county data set**



## COUNTY

County	Abbr	County #	FIPS #	SPH Region	IDD Region	CMHC Region
Adams	ADA	01	28001	201	304	111
Alcorn	ALC	02	28003	203	301	104
Amite	AMI	03	28005	201	304	111
Attala	ATT	04	28007	201	302	106
Benton	BEN	05	28009	203	301	103
Bolivar	BOL	06	28011	201	302	106
Calhoun	CAL	07	28013	203	301	102
Carroll	CAR	08	28015	201	302	105
Chickasaw	CHI	09	28017	203	301	103
Choctaw	CHO	10	28019	202	302	107
Claiborne	CLB	11	28021	201	304	111
Clarke	CLK	12	28023	202	304	110
Clay	CLY	13	28025	202	302	107
Coahoma	COA	14	28027	201	301	101
Copiah	COP	15	28029	201	304	108
Covington	COV	16	28031	204	304	112
De Soto	DES	17	28033	203	301	104
Forrest	FOR	18	28035	204	304	112
Franklin	FRA	19	28037	201	304	111
George	GEO	20	28039	202	305	114
Greene	GRE	21	28041	204	304	112
Grenada	GRN	22	28043	201	301	106
Hancock	HAN	23	28045	201	305	113
Harrison	HAR	24	28047	201	305	113
Hinds	HIN	25	28049	201	302	109
Holmes	HOL	26	28051	201	302	106
Humphreys	HUM	27	28053	201	302	106
Issaquena	ISS	28	28055	201	302	106
Itawamba	ITA	29	28057	201	301	103
Jackson	JAC	30	28059	202	305	114
Jasper	JAS	31	28061	202	304	110
Jefferson	JFN	32	28063	201	304	111
Jefferson Davis	JFV	33	28065	204	304	112
Jones	JON	34	28067	204	304	112
Kemper	KEM	35	28069	202	304	110
Lafayette	LAF	36	28071	203	301	102
Lamar	LAM	37	28073	204	304	112
Lauderdale	LAU	38	28075	202	304	110

County	Abbr	County #	FIPS #	SPH Region	IDD Region	CMHC Region
Lawrence	LAW	39	28077	201	304	111
Leake	LEA	40	28079	202	302	110
Lee	LEE	41	28081	203	301	103
Leflore	LEF	42	28083	201	302	106
Lincoln	LIN	43	28085	201	304	108
Lowndes	LOW	44	28087	202	304	107
Madison	MAD	45	28089	201	302	108
Marion	MAN	46	28091	204	304	112
Marshall	MAS	47	28093	203	301	102
Monroe	MOR	48	28095	203	301	103
Montgomery	MOT	49	28097	201	302	106
Neshoba	NES	50	28099	202	304	110
Newton	NEW	51	28101	202	304	110
Noxubee	NOX	52	28103	202	304	107
Oktibbeha	OKT	53	28105	202	302	107
Panola	PAN	54	28107	203	301	102
Pearl River	PEA	55	28109	201	305	113
Perry	PER	56	28111	204	304	112
Pike	PIK	57	28113	201	304	111
Pontotoc	PON	58	28115	203	301	103
Prentiss	PRE	59	28117	203	301	104
Quitman	QUI	60	28119	201	301	101
Rankin	RAN	61	28121	201	302	108
Scott	SCO	62	28123	202	302	110
Sharkey	SHA	63	28125	201	302	106
Simpson	SIM	64	28127	201	304	108
Smith	SMI	65	28129	202	304	110
Stone	STO	66	28131	201	305	113
Sunflower	SUN	67	28133	201	302	106
Tallahatchie	TAL	68	28135	201	301	101
Tate	TAT	69	28137	203	301	102
Tippah	TIP	70	28139	203	301	104
Tishomingo	TIS	71	28141	203	301	104
Tunica	TUN	72	28143	201	301	101
Union	UNI	73	28145	203	301	103
Walthall	WAL	74	28147	201	304	111
Warren	WAR	75	28149	201	302	115
Washington	WAS	76	28151	201	302	106
Wayne	WAY	77	28153	204	304	112

County	Abbr	County #	FIPS #	SPH Region	IDD Region	CMHC Region
Webster	WEB	78	28155	202	302	107
Wilkinson	WIL	79	28157	201	304	111
Winston	WIN	80	28159	202	304	107
Yalobusha	YAL	81	28161	203	301	102
Yazoo	YAZ	82	28163	201	302	115

Unknown 98

Out of state 99

## **Organization Specifics**

## Organization Details

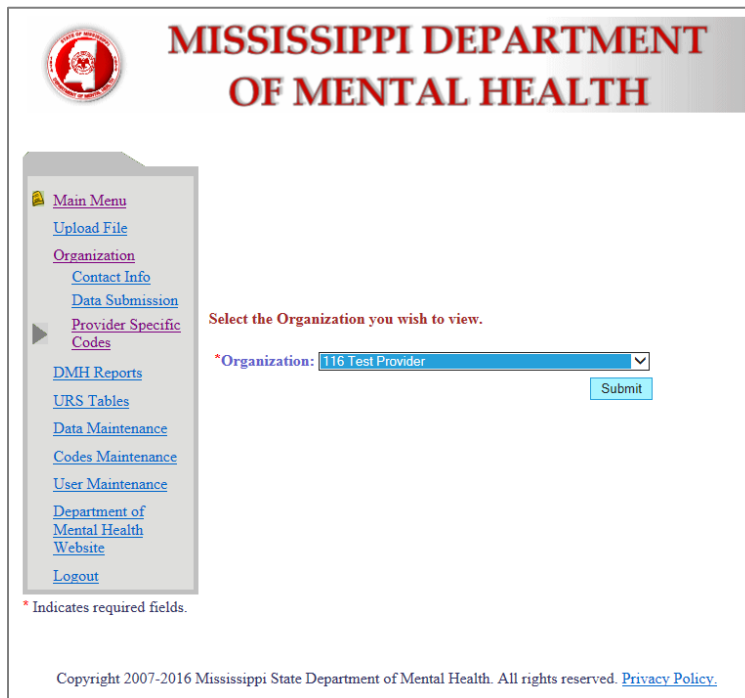
Organization details include information about the provider. These fields are determined by the provider, not DMH. The information is necessary for data collection. DMH provides definitions for the fields but the values are established by the provider.

## Contact Info

Providers can have multiple CDR users but should only have one individual designated as the Data Contact. The data contact is specified in the menu option, Contact Info, available on the main menu screen.

## Provider Specific Information

Provider Specific information includes codes that are required for data collection and values are determined by the provider. Location codes and payor codes are part of provider specific codes (see [figure](#)).



The screenshot displays the web application interface for the Mississippi Department of Mental Health. At the top, the department's logo and name are shown. A left-hand menu lists various options, with 'Provider Specific Codes' currently selected. The main content area prompts the user to 'Select the Organization you wish to view.' and features a dropdown menu with '116 Test Provider' selected. A 'Submit' button is located to the right of the dropdown. A footer note indicates that an asterisk (\*) denotes required fields. The bottom of the page contains a copyright notice for 2007-2016 and a link to the Privacy Policy.

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

**Main Menu**  
[Upload File](#)  
**Organization**  
[Contact Info](#)  
[Data Submission](#)  
**Provider Specific Codes**  
[DMH Reports](#)  
[URS Tables](#)  
[Data Maintenance](#)  
[Codes Maintenance](#)  
[User Maintenance](#)  
[Department of Mental Health Website](#)  
[Logout](#)

Select the Organization you wish to view.

\*Organization:

\* Indicates required fields.

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Figure 1: Main Menu/Provider Specific Codes

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

ORGANIZATION: 116 Test Provider

**PROVIDER SPECIFIC INFORMATION**

To view or update Payor information, click on the "Maintain Payor Codes" button.

To view or update Locations information, click on the "Maintain Locations" button.

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Figure 2: Provider Specific Information

## Payor Codes

Payor codes are used to identify the client's payment for each service. Payor codes are classified by three types: Medicaid, Non-Medicaid, and None. Medicaid classification represents any Medicaid funded program including but not limited to Waiver and CSP 1915i. Non-Medicaid classification represents non-Medicaid funded payments including but not limited to self-pay, insurance payments, public assistance, grant-funded programs, Medicare, or Work Comp. The classification of None represents clients that do not pay for services or organizations that absorb the cost of the service offered to the client.

Payer Codes are added and maintained on the DMH website. The link to maintain Payer codes is under the menu option, Organization Info/Provider Specific Codes (see [figure](#)).

Once the organization Payor screen has been accessed, use the drop-down box to select the type of payor code.

PAYOR TYPE:

Select Field:  
MEDICAID  
NON-MEDICAID  
NONE

Figure 3: Select Payor Type

A list of Payor codes will be displayed. The headings on the screen will indicate the Provider Number (also referred to as the Organization Code) along with the Payor Type (Medicaid, Non-Medicaid, or None).

Directions will be displayed above a chart of existing codes. If a provider has not added codes, only the chart headings with double-line borders will be displayed.

Provider Number: 116  
Payor Type: MEDICAID  
The valid payor numbers for the payor type are listed below.  
To delete a payor number, check the delete box associated with that payor.  
To add a payor, enter the payor number and description in the fields at the bottom of the page and click on the continue button.

PAYOR NUMBER	DESCRIPTION	DELETE?
100	Medicaid	<input type="checkbox"/>
200	Waiver	<input type="checkbox"/>
201	CSP 1915i	<input type="checkbox"/>

Add Payor

Payor Number:

Description:

Figure 4: Payor Code Maintenance

To add codes, use the two boxes at the bottom of the page (Payor Number, Description). Both fields are required. To save the added codes, click Continue. If the addition is successful, a message will be displayed to indicate the code was saved.

To delete codes, check the box to the right of the code to be removed. If the deletion is successful, a message will be displayed to indicate the code has been removed.

## Location Codes

Location codes are used to identify physical locations from which large multi-site organizations provide services. For DMH purposes, location codes should be limited to physical sites administered by the organization rather than ancillary service delivery sites such as schools, jails, etc. Note that in some cases separate program location codes may be used to identify two very distinct programs sharing a single physical address. Also, when there are a number of service sites for a single program, such as supervised apartments, these may be grouped under a single "Program location code" representing the administrative entity.

Each organization must add and maintain location codes on the CDR website (see [figure 2](#)). Locations should be represented by four-digit codes within an allowable range from 0001 to 9999. These codes should be unique to each organization. Location codes are assigned by each organization.

Once the organization has been selected, the headings on the screen will indicate the user is at the Maintain Locations screen along with the Provider Number (also referred to as the Organization Code). A chart of existing codes along with instructions will be displayed. If a provider has not added codes, only the chart headings with double-line borders will be displayed.

**Maintain Locations**

**Provider Number: 116**  
 The valid locations for the organization are listed below.  
 To edit or delete a location, check the edit box associated with that location and click on the CONTINUE button at the bottom of the page.  
 To add a location, enter the location information in the fields at the bottom of the page and click on the CONTINUE button.

EDIT?	LOCATION CODE	LOCATION NAME
<input type="checkbox"/>	0045	Madison County
<input type="checkbox"/>	1000	Inpatient Facility
<input type="checkbox"/>	2002	Residential Alcorn
<input type="checkbox"/>	2024	Residential - Gulfport
<input type="checkbox"/>	2071	Residential Tishomingo
<input type="checkbox"/>	3000	TGH

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**Add Location**

Location Code:

Location Name:

County Number:

Address 1:

Address 2:

City:

Zip:

Phone:  Phone Ext:

Contact:

**Figure 5: Location Code Maintenance**

The current locations for the organization will be listed in a chart with a double-line border (see [figure](#)). To edit or delete a location, check the edit box to the left of that location. Then click Continue at the bottom right of the screen. To add a location, enter the location information in the fields. Then click the continue button at the bottom of the screen.



## **Technical Requirements**

### **1. Data file submission protocol**

Providers will submit data files to the CDR web interface. The production website address is <https://www.ms.gov/MHProject>. Users may request access to the CDR by contacting DMH Division of Information Management and Systems.

### **2. Data file format**

Data files must be submitted as an ASCII comma delimited file. There are four data subsets. Each data subset should follow the data file specifications outlined in this manual.

### **3. Validation of file submission**

When a file is uploaded to the CDR web interface, the file will undergo preliminary validation (or pre-validation). This is a quality measure to reduce errors and improve data collection methods. The data file will be checked for valid data codes within specific fields and valid data relational rules. Pre-validation of the file does NOT compare file data to existing data in the CDR. If errors are detected, the file is not accepted for upload to the database. An error report is provided so errors can be corrected. The file can be re-submitted for preliminary validation without delay. The file will not be chosen for upload until all data validations have been corrected.

The pre-validation process provides a web-based report that identifies the line number, client identifier, data field, and an error message. The pre-validation error report is immediately available.

**Pre-validation Error Messages:**

Error Message	Explanation	Field(s) Affected
Invalid Value	Value in upload file does not match a value in the UDS	Fieldname will be listed in error report
Invalid field length	Value in upload file does not have the correct number of characters required by the UDS	Fieldname will be listed in error report
Required Field	Field cannot be blank or NULL	Fieldname will be listed in error report
DIS_DATE should not be sent based on CLI_STATUS	Client status is not a discharge value (09,10) so discharge date should not be provided	DIS_DATE, CLI_STATUS
Relational Edit - Required field based on CLI_STATUS	Discharge date is required when client status is a discharge value (09, 10)	DIS_DATE, CLI_STATUS
Provider Number in filename does not match ORG_CODE in file	Organizational number does not match field ORG_CODE in the upload file	ORG_CODE
Relational Edit - Invalid value based on RCD_TRANS	To add an admission record, RCD_TRANS should be 01 and client status cannot be a discharge value (CLI_STATUS, 09-10). To discharge a client, RCD_TRANS should be an update (4) and client status should be a discharge value (09,10).	CLI_STATUS
Relational Edit - Invalid value based on EMPLOYMENT	Residential arrangement of client indicates correctional facility so the employment should indicate the client is a correctional inmate and living arrangement should be indicate the client lives with non-relatives.	RESID_ARR
Relational Edit - Invalid value based on RESID_ARR	Employment of client indicates correctional inmate so the client's residential arrangement should indicate he/she is in a correctional facility and living arrangement should be indicate the client lives with non-relatives.	EMPLOYMENT
Relational Edit – Invalid value based on DISAB_CATE	Dually diagnosed clients must have a primary focus of treatment (DISAB_DUAL) related to the (DISAB_CATE)	DISAB_DUAL
DSM_PRIN is required based on DSM_2	DSM_PRIN is required because field, DSM_2, has a value entered.	DSM_2
Relational Edit – Required field based on DISAB_CATE	DISAB_DUAL is required if DISAB_CATE is dually diagnosed (4-7) or unknown (8)	DISAB_DUAL

Error Message	Explanation	Field(s) Affected
Relational Edit – DIS_DATE cannot be before ADM_DATE	Self-explanatory	DIS_DATE, ADM_DATE
Relational Edit – ENT_DATE cannot be before the EXT_DATE	Self-explanatory	ENT_DATE, EXT_DATE
Relational Edit – Invalid value based on sex	Male cannot be indicated as pregnant	SEX, PREGNANT
Relational Edit – Invalid value based on sex	Unknown cannot be indicated as pregnant	SEX, PREGNANT
Relational Edit - Invalid value based on type of arrest	When type of arrest indicates DUI/DWI, field for DUI offender must be an applicable value	DUI
Relational Edit - Invalid value based on SUB_CODE_1	Substance problem is none, age of first use should be N/A	FRST_USE_1
Relational Edit - Invalid value based on SUB_CODE_2	Substance problem is none, age of first use should be N/A	FRST_USE_2
Relational Edit - Invalid value based on SUB_CODE_3	Substance problem is none, age of first use should be N/A	FRST_USE_3
Relational Edit - missing SA_DIS_DATE	Discharge data for SA client was provided but SA discharge date was not provided	DIS_DATE, SA_DIS_DATE

**Once the file is uploaded to the CDR without error, a secondary database batch process will run.**

#### **4. Batch Processing Reports**

Once the file has been accepted for upload, the file status can be viewed on the website under Data Submissions. Each file type will have a file status of SUBMITTED, IN PROCESS, or PROCESSED (see [figure 6](#)).

- SUBMITTED – file has passed pre-validation process and has been chosen for upload. File will undergo the batch process at the next scheduled run time.
- IN PROCESS – batch process is running and upload file is being analyzed. Errors cannot be reviewed until the process has completed.
- PROCESSED – batch process has completed and error report is available

Organization: 116 TEST PROVIDER

ORGANIZATION INFORMATION	
Contact Name:	JANE DOE
Contact Phone Number:	601 111-1111
Contact Email:	email@aol.com
<input type="button" value="Update Provider Information"/>	

LAST FILES SENT						
Type of File/ Month Rptd	File Submitted/ Date Submitted	File Status	Records in Error:	Total Number of Records:	Per Cent Errors:	
MH 201001	D1161002.TXT 04/20/2010	PROCESSED	1	2	50.00	<input type="button" value="MH Errors"/>
SA 201001	A1161002.TXT 04/20/2010	PROCESSED	3	3	100.00	<input type="button" value="Subst Abuse Errors"/>
Intel/Dev		IN PROCESS	0	0	0.00	<input type="button" value="Intel Dev Errors"/>
Services 201001	S116test.txt 04/20/2010	PROCESSED	2	2	100.00	<input type="button" value="Services Errors"/>

Figure 6: Organization/Data Submission

The secondary validation, the database batch process, will validate data records in the upload file against existing data. This process runs at the end of each business day and summary results are emailed upon completion. Summary results are sent to the email address on file for each provider (refer to [Contact Info](#)). Summary results are also available on the website, under Data Submissions. Users must access the website to obtain an error report.

To see reports on a processed file, click on the corresponding error button. There is a summary report and detailed report available. To view the summary report concerning Mental Health Errors, user should click on the "MH Errors" button. An example screen for MH Errors summary report is shown below (see [figure 7](#)).

To download the corresponding error file, click the **SUBMIT** button, then choose to save the file. [Submit](#)

**Provider:** 116   **File Type:** MH Errors   **Records in error:** 1   **Total Number Records:** 2   **Per Cent Records In Error:** 50.00

FIELD NAME	PER NUMBER	CENT	FIELD NAME	PER NUMBER	CENT	FIELD NAME	PER NUMBER	CENT	FIELD NAME	PER NUMBER	CENT
RPT_DATE	0	0.00	RACE	0	0.00	PROBLEM_1	0	0.00	PROGRAM_CODE	0	0.00
RCD_TRANS	0	0.00	HISPANIC	0	0.00	PROBLEM_2	0	0.00	ENT_DATE	0	0.00
ORG_CODE	0	0.00	EDUCATION	0	0.00	DISAB_CATE	0	0.00	EXT_DATE	0	0.00
LOC_CODE	0	0.00	MARITAL	0	0.00	DISAB_DUAL	0	0.00	CONSISTENCY	1	50.00
CLI_ORG_ID	0	0.00	ADM_CNTY	0	0.00	SPMI	0	0.00			
CLI_STATUS	0	0.00	LIVING_ARR	0	0.00	SEDC	0	0.00			
ADM_DATE	0	0.00	RESID_ARR	0	0.00	DSM_1	0	0.00			
ADM_TYPE	0	0.00	EMPLOYMENT	0	0.00	DSM_2	0	0.00			
ADM_REFER	0	0.00	INCOME_SRC	0	0.00	DSM_PRIN	0	0.00			
ADM_REF_OR	0	0.00	INOCME_HOU	0	0.00	DIS_DATE	0	0.00			
LEG_STATUS	0	0.00	INCOME_DEF	0	0.00	DIS_STATUS	0	0.00			
LAST_NAME	0	0.00	ELIG_SSI	0	0.00	DIS_REFER	0	0.00			
FIRST_NAME	0	0.00	ELIG_MCAID	0	0.00	DIS_REF_OR	0	0.00			
MAID_NAME	0	0.00	PAYMENT	0	0.00	DIS_CNTY	0	0.00			
SS_NUMBER	0	0.00	VET_STATUS	0	0.00	MEDICAID #	0	0.00			
BIRTH_DATE	0	0.00	HANDICAP_1	0	0.00	STATE ID	0	0.00			
SEX	0	0.00	HANDICAP_2	0	0.00	INTGR_TREAT	0	0.00			
						ACT_TREAT	0	0.00			

Figure 7: Error Report

A detailed error report is available for download by clicking the “SUBMIT” button at the top right on each of these error summary screens. The detailed error report provides details for each record that was in error on the corresponding uploaded file. These error report files are in comma delimited format and can be opened within Excel. The report can be useful to identify data records having invalid data. This report should be used to reconcile data errors not only in the file upload but within a provider’s local system.